

SOCIAL FACTORS IN DEMENTIA PRAECOX

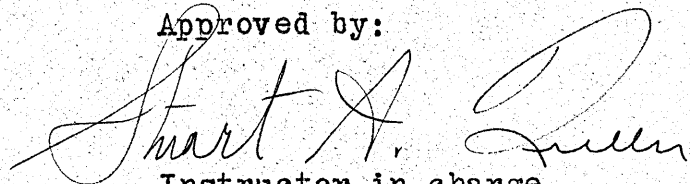
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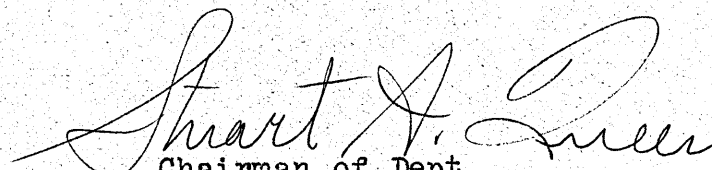
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A.T.E

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SOCIAL FACTORS IN DEMENTIA PRAECOX

INTRODUCTION: As one of the significant forms of mental disease, dementia praecox is worthy of attention from the sociologist because it shows serious maladjustment of an individual to his environment and especially to his social environment. In the first place, dementia praecox, is one of the most prevalent of mental diseases. In fact about fifty-three per cent¹ of all mental cases fall into this category. Dementia praecox is a functional disease, a disorganization resulting from inability to make adequate adjustments. First, because of its prevalence understanding of the disease is important; and second, the number of cases in which a series of social situations seems to precede the "breakdown" suggesting a possible causation; third, the problem of adjusting these folk in society, especially after discharge from the hospital; fourth, the youth of the victims; and fifth, the assumption that it can be prevented.

PREVALENCE: According to the statistician, Edith Furbush, of the National Committee for Mental Hygiene there were about 139,000 dementia praecox patients in 1922 in the various state hospitals alone. This number is greater than the number of patients in state hospitals with all other forms of mental disease. There were twice

1. Horatio M. Pollock: Mental Hygiene, page 575, Vol. 3

as many of these dementia praecox patients as there were hospitalized tuberculosis patients. The number is greater than the combined number in institutions for feeble-minded and epileptics. This includes only the patients who are being cared for in state hospitals while there are many in private institutions, and does not include the mild cases in society that are unrecognized as such or the ones that are cared for at home. It is probable that prostitutes, vagabonds, criminals, cranks and other pathological personalities have some among their ranks who are suffering from this disease.¹ Statistics for years since 1922 show a marked tendency toward increase for all forms of mental disease. According to studies made by the National Committee for Mental Hygiene about three fourths of the cases of dementia praecox come from urban communities. In senile and manic-depressive psychoses the urban rate is also much greater than the rural rate, but in the other psychoses the differences between rural and urban rates are not so marked. The high rates in dementia praecox may be explained by the facts that there is stress in city life for those unfavorably located, mild cases have more difficulty in adjusting to city life, cases are recognized more readily in the city, and the possibility that the disease may lead the patient to locate in the

1. Henry R. Stedman: Mental Pitfalls of Adolescence.
N.C.M.H. 1928

city. It seems to be of striking significance that in only about thirty per cent of the cases the patients are married¹. This is probably due to the early onset of the disease and because many of these patients manifest homosexual tendencies² and are not successful in adjusting themselves to the opposite sex. Two investigators³ found that the rate of dementia praecox among foreign-born population was higher than among the native born. This may be explained by the difficulties in adjusting to American ways, and the unfavorable social conditions under which most immigrants live.

ECONOMIC LOSS TO SOCIETY: The average length of hospitalization for dementia praecox patients is 14.7 years⁴, which is a longer period than for any other mental disease; four times the average length of hospital life of the manic-depressive patient. The economic loss due to this disease consists in two factors, cost of hospital care of these patients and loss of their potential earnings due to incapacity. The former is calculated on the basis of average annual per capita cost of maintenance in state hospitals which is \$385. The second item is based on the average per capita earnings above the cost of maintenance which is

1. Henry R. Stedman: Mental Pitfalls of Adolescence W.C.M.H. 1928
2. W. A. White: Outline of Psychiatry, Page 142.
3. Horatio M. Pollock: N.Y. State Statistician and Edith M. Furbush statistician N.C.M.H.
4. Edith M. Furbush statistician N.C.M.H.

\$500 for males and \$100 for females¹ On this basis the annual economic loss to the United States can be summed up thus: Cost of hospitalization \$50,050,000, loss of earnings \$75,600,000 or a total of \$123,650,000. As the average length of hospitalization for each patient is approximately fifteen years the cost to the state for each patient's illness is \$5,775 and the loss of earning power is \$7500 for males and \$1,500 for females this makes a total loss on each patient thus: \$13,225 for males and \$7,235 for females.

A POSSIBLE CAUSATION SUGGESTED: Several hypotheses as to the causes of dementia praecox points out that social factors often come in a suggestive series prior to a "breakdown"² Since it would be extremely difficult--if not impossible--to compare a group of these patients with a normal control group, this cannot be definitely shown but it seems to suggest itself in the cases in this study.

THE PROBLEM OF ADJUSTMENT IN SOCIETY: When a patient leaves the hospital he faces the problem of adjustment to society, which is not only a problem for him but also one for his social group to solve. Four of the cases illustrate this problem.

1. Edith M. Furbush statistician N.C.M.H.
2. Dr. W. A. White holds this opinion.

THE YOUTH OF THE VICTIMS: It is thought that most cases of dementia praecox are well developed before the patient reaches the age of thirty¹, although they may not be in hospitals until later. It is also believed by some authorities that over half of the victims have superior intelligence while only one sixth are under the average in intelligence and that it is rare in cases of the mentally defective².

PREVENTION OF THE DISEASE: Probably the greatest social significance of dementia praecox lies in the possibility of prevention. In fact a large number of psychiatrists believe that the great majority of cases could be prevented under modified social conditions.

Personalities that are queer, shut-in, anti-social in make-up, favor the development of this disease.

It ought to be possible to socialize personalities of this type, and to guard against factors which might lead to any maladjustment or unadjustment and if these social factors come in contact with the personality, readjustment can be brought about. Efforts made to pierce the shell of secretiveness and seclusiveness in asocial personalities, and to bring the individual into harmony with his social environment are valuable. In cases of serious maladjustment however it is usually easier to look back over the individual's life and point out the

1. Henry R. Stedman, Boston Medical & Surgical Journal, November 1916.

2. Ibid.

factors that have precipitated the break, rather than to anticipate the "breakdown" before it has occurred. It is through studying cases of dementia praecox that we can find methods of preventing other cases from developing.

THE PROBLEM DEFINED: Since a study of individual cases involves so many steps, as will be shown in the paragraphs which follow, it was necessary to limit the analysis to ten cases. The problem in this study has been to analyze the social factors which have entered into the back-grounds, experiences, and present status of ten dementia praecox cases in the Topeka State Hospital. Since patients suffering from dementia praecox constitute so significant a number and because social situations may be thought of as possible precipitating factors, since in every case the patient is apparently in conflict with his environment, an analysis of such social factors would seem to be a valid project.

The youth of the patients gave the problem personal interest, because a person of the same general age group has a similar perspective on life situations.

METHODOLOGY: In outlining the project, experts in the field of mental disease were consulted. These included psychiatrists and neurologists in the Topeka State Hospital and psychologists at the University of Kansas.

At the hospital the investigator was invited to attend the hospital staff meetings and to use the medical library.

Correspondence with psychopathic hospitals brought valuable suggestions. The questionnaires employed in conducting examination of patients by the following institutions were used: Psychopathic Hospital, University of Wisconsin; Psychopathic Hospital, University of Michigan; Harvard Medical School, St. Elizabeth's Hospital, Washington; and Boston Psychopathic Hospital.

After compiling the suggestions from these institutions and medical folk, and consulting case records at the hospital, a tentative procedure for analyzing the cases were outlined. These factors seemed to be important: (1) Early childhood experience, (2) Childhood diseases or injuries, (3) school failures, (4) sex experiences, (5) Inability to hold job, (6) family discord. Further analysis showed some of these factors to be more significant than others and other factors appeared which had not been considered previously. Altogether about fifty cases histories were examined superficially and the patients interviewed, and important factors noted.

Since it was apparent that any valid analysis would require a very detailed study of the patient, his family, his school relationships as well as all the social relationships accessible, it was decided to limit the project to a comprehensive review of the factors in ten

cases.

From the preliminary exploration of cases, the general plan of attack was outlined. This involved at least seven steps: Interview of patient, (they were interviewed over a period of ten months), consultation with doctor, reading hospital records, interviews with as many members of the family as possible, interviews with teachers, examination of school records, checking with social service exchange. In addition other sources of information were frequently consulted, as for example: ministers, priests, social workers, business people, employers, neighbors, friends and family doctors. Patients were selected from those whose homes were near enough to make it possible to interview the family, or if the patient did not live near the hospital, those whose relatives could be interviewed. Again no patients were selected who were so disturbed that they could not give information about themselves.

The material was gathered and written in chronological order under these heads: Personal appearance, personal history, family history, mental and physical examination. These latter two were copied from the hospital records; also there is a discussion of the case.

Next came the organization of material. From the data secured from the various interviews and case histories, further analysis was made according to the categories established by preliminary study, and

arranged into three groups: the concrete events, the social significance, and the probable mental reactions. This gives a convenient table at the beginning of each case. Reading from left to right this gives an event and its sociological and psychological significance; when read from the top of the column to the bottom shows the general trend in the factors shown. These series of events, and the general tendencies in the cases are summarized in the discussions at the end of each case.

Before turning to the analysis of the cases selected, it would be well to consider something of the nature of dementia praecox itself.

II. NATURE OF DEMENTIA PRAECOX.

Dementia praecox is more or less a blanket term over which there is much controversy. Other names by which it is known are schizophrenia, hebephrenia, and paranoid dementia, but the terms are not well defined. Dementia praecox is a psychosis essentially of the period of puberty and adolescence with a tendency to progress toward deterioration although frequently interrupted by remissions. The significant characteristic is the extent of the psychic changes, the effect on the emotions, will, and the association of ideas. These changes usually result in mental deterioration and are usually permanent. However the changes may recede

temporarily or permanently. With dementia praecox is often found evidence of sex perversion and sex abnormalities of various forms¹

The treatment is symptomatic. The origin of the conflict is discovered and correction is applied as far as possible. The training for good habits is valuable, and re-education by selected industrial training is also recommended.

The classification made by W. A. White has been adopted in this study because it is employed at the state hospital where these cases were interviewed. White classifies dementia praecox under five heads: dementia simplex, hebephrenia, catatonic, paranoid forms and mixed forms. The early symptoms of dementia praecox are hard to diagnose. It is sometimes difficult to get the cross section of a mental state without a great deal of study and observation, especially if the patient has transitory episodes which clear up promptly. Sometimes the symptoms take the form of other psychoses such as manic depressive, hysteria, psychasthenia, neurasthenia, hypochondria, acute confusion and paranoid states. However a search should always be made for the fundamental symptoms, especially emotional indifference and attention disorders. Some

1. W. A. White: Outlines of Psychiatry, Page 142

of the psychic symptoms that are common to all forms are: frequently the patients are only slightly affected as to orientation, lucidity and memory. Attention is usually weakened and any degree of concentration is impossible. Ideas are often incoherent. Indifference which may occasionally be interrupted by anger and anxiety explosions are a prominent early symptom. The patient is sometimes almost completely apathetic, does not complain of anything and will not even react to hunger. Automatic reactions are often exaggerated and patients often show pathological suggestibility, negativism, impulsiveness of attitudes, grimaces, unprovoked laughter and many other characteristics.

There is, of course, a variable degree of deterioration.

SIMPLE TYPE: As simple dementia praecox develops, the patient begins to show lack of interest in things and makes fewer and fewer social contacts. The patient shows a failing ability to assimilate new facts or acquire new knowledge. Sometimes with these symptoms come insomnia and headaches. If the patient has hysteriform attacks, laughing or crying or apparent emotional instability, he may be thought to be neurasthenic, if inactive he may be taken as a depression in melancholia, and if excited a manic. Negativism may appear and also there may be a slight evidence of muscular tension in mannerisms. Transitory delusions and hallucinations

may appear and voices may be heard saying disagreeable things. Frequently these people resort to hobo type of existence to escape responsibility. These symptoms apparently lie dormant when stress is removed from the life of the patient.¹

HEBEPHRENIC TYPE: The hebephrenic is one who regresses to an earlier form. The onset is more abrupt, the patient suffers from headache, insomnia, loss of appetite, and sometimes loss of weight. Hallucinations and delusions are more prominent and this may be easily confused with melancholia. Voices are sometimes heard calling the patient vile names and accusing him of immoral practices.

When the first stages pass the defects are more apparent. These patients exhibit strange mannerisms and restraints for which they give no reason. They have fleeting delusions, hallucinations and false ideas. Emotional deterioration is noted and in mild cases there is looseness in the train of thought.

CATATONIC TYPE: Catatonic may be subacute or chronic, at the onset and is usually preceded by insomnia, loss of appetite, confusion and headache. If the onset, on the other hand, is sudden it may follow a severe emotional fright or a physical crisis, and the patient becomes stuporous. Later these two stages, catatonic

stupor and catatonic excitement appear. In the first, stupor, negativism and muscular tension are seen. Sometimes absolute mutism prevails and there is no reaction to stimuli, no matter how great the stimulus. Alternating with this stupor is over activity or excitements which are quite absurd. Quite the reverse is seen in other cases which are called command automatism, in which condition patients do mechanically what they are told to do. They may also repeat what is said in their presence. They develop various stereotype reactions and mannerisms.

PARANOID TYPE: There is a question as to what cases should be included in the group of paranoid forms. Kraepelin calls this group paraphrenia. Most psychiatrists agree that these fundamental facts will be found: delusions of persecution, grandeur, both probably accompanied by hallucinations of hearing. It is usually difficult to distinguish between incipient paranoia and dementia praecox. The importance of the hallucinations varies, they may be important and they may not.

Simple, hebephrenic, and paranoid praecoxes often present symptoms that are characteristically developed in catatonic states. The mixed forms are very common and constitute a large group.

According to White, prevention of dementia praecox

depends on the ability to recognize in children the possibilities of future dementia praecox patients and the correction of these defects. The "shut in" type of personality is a good example of a praecox possibility and such an individual should be encouraged to take part in more social activities.

After considering Dementia Praecox let us turn to the case histories of the ten patients studied in this project.

I. ANNA KELLEY: DEMENTIA PRAECOX, HEBEPHRENIC TYPE.

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Pregnancy	Threatened status	Fear, conflict and inferiority
2. Subsequent un- happy marriage, poverty, no settled home	Lack of response Loss of status	Unhappiness and mental conflict, isolation, day dreaming. Conflict of ideals
3. Father's death	Loss of an object of response, loss of companion	Unhappiness Depression
4. Birth of child	Loss of independence	Isolation, con- flict, further day dreaming-- indifference to child
5. Husband's gambling and absence, ec- onomic loss	Marital conflict	Mental conflict worry, dilusions of reference, hearing voices

B. CASE HISTORY

1. PERSONAL APPEARANCE: The patient is an attractive young woman, age twenty-three, brown curly hair, blue eyes, weight 115 pounds. She is in the hospital for the second time. At the time of her first admission she was nineteen years old. She was in the hospital for a year and three months after which she was paroled. She remained at home for a year and a half and again became so disturbed that it was impossible for her

family to care for her. She has been in the hospital eight months since her second admission.

2. FAMILY HISTORY: Only the history of Anna's immediate family could be obtained as there are no relatives living near. Her mother is living and in good health except that she has headaches. The father died at the age of fifty-three. At the time of his death he was regarded as "insane" although not in a hospital and he had syphilis. The father used alcohol and attempted suicide once when "mad" and he was emotionally quite unstable.

Anna is the second child in a family of six. She has an older sister married, a younger sister and three younger brothers. The mental and physical health of the other members of the family seems to be normal.

3. PERSONAL HISTORY: The patient's birth was difficult but no instruments were used. She learned to walk and talk near the age of one year. During early childhood she had measles and whooping cough but neither disease was severe. Her school work was average in character during the grade school period but she found the high school work difficult. She attended high school only one year and then started to work in a laundry. While in high school Anna met Roy and they started "keeping company." He had a Ford coupe in which

they frequently went riding, to shows, and to dances. They had been going together for about a year when Anna discovered that she was pregnant. Their familiarity had developed gradually and Anna says that they had intercourse only a few times. Although she worried about it a great deal she thought that it was all right because they were planning to be married.

Roy and Anna were married as soon as they learned of her condition. He was not earning enough as a steam fitter to support them so Anna continued to work for four months longer and they went to live with her family. Anna had always dreamed of having a nice home of her own and was dissatisfied because they had to live with her parents. She was very restless and after two months wanted to move over to Roy's mother's house, which they did. She was not satisfied here and shortly they moved to her married sister's home and later to Roy's sister's home.

Three month's after Anna's marriage her father died rather suddenly and she "went to pieces." She became depressed, negative, childish in her actions and threatened suicide. She worked for several weeks longer until she couldn't work any more, and wanted to sit and do nothing all day. She would sit for

hours unconscious of anything about her; apparently she was escaping reality.

Her husband gambled and lost large portions of his earnings each week. He had several assumed names and tried to avoid paying his debts. Anna thought that Roy was going with other women and did not care for her anymore. Shortly after the baby's birth he disappeared and his whereabouts have not been known since that time. They were divorced after her release from the hospital before her second admittance.

Anna has been very indifferent to her child. If asked about the child she says "Oh, yes, I guess she's cute." On her first admission to the hospital her mother gave the following history: "The first symptoms of mental trouble were throwing things around when anything did not suit her. She imagined people were talking about her. She was always wanting to change places, she would stay with her mother and then with her husband's sister. She really has not been satisfied anytime since her marriage. She has been a great hand to worry and has cried "awful easy." She has talked in her sleep ever since her marriage. She has not taken any care of her baby since it was born. In fact she turned against it. If she liked a dress or apron she would continue to wear it no difference how dirty it was. She used to be a good worker before she was

married but now she won't do anything. During the day she just sits around and has to be fed sometimes because she won't eat--doesn't resist being fed, just seems to lack initiative. She is the worst at night. Wants to go down stairs or go someplace. Her family have to take her clothes off. One night she went down the alley with only her night clothes and a sheet around her." Anna, in her intelligence test rated as a low grade normal on the Terman scale.

4. PHYSICAL EXAMINATION: (Copied from Hospital Records.)

General Observations. Patient is poorly developed and poorly nourished. She stands in a stooped position. She is not alert to the things that are going on around her, apparently not interested. Her ear lobules are adherent, but there are no other stigmata. Thyroid is palpable. Teeth are in excellent condition. Skin is smooth.

Chest. Chest shares in the general under-development, although breasts are well developed. Expansion is poor. A satisfactory lung examination is not possible owing to lack of cooperation. When patient was told to breathe deeply she made a movement of the superficial muscles of the chest. The spine shows a double lateral curvature, curving slightly to the right above and to the left below. Heart does not seem to have any murmurs but rate was 140 during examination.

The apex beat is in the fifth inter-c-space just in the nipple line and is very forcible.

Abdomen. No operative scars and no striae. No masses or areas of tenderness. Patient's appetite was poor when she came to the hospital but improved after being there for awhile. Bowels sometimes require a laxative.

Genitals. Perineum is in good condition. There seems to be no vaginal discharge. Uterus sits well up in the pelvis, does not seem to be anteverted or retroverted. It seems to lie in the longitudinal axis of the body and to be situated slightly to the right of the median line but it is not bound down. As patient resisted pelvic examination, exact position was hard to determine on account of the rigid condition of the abdominal muscles. Uterus shows a very slight erosion around the os. Skin around genitals shows irritation either due to patient being unclean about herself or to masturbation.

No external hemorrhoids.

Extremities. Nothing of note except there is some cyanosis.

Blood Wassermann is negative.

Sensory phenomena. There seem to be no abnormalities of the cranial nerves and patient is sensitive to hot and cold and sharp and blunt points all over the body and her senses of position and stereognosis are good.

Motor. Patient shows no speech or gait disturbance. She says the test phrases, walks a line heel to toe, maintains Romberg's position, does the finger and finger to nose tests well.

There is a very decided fine tremor of the spread fingers, protruded tongue and closed eyelids.

Vasomotor disturbance is shown by a mottling of the skin on chest and neck, by dermatographia, and by cyanosis of the extremities.

Reflexes. Pupils are equal, regular in outline, and react promptly to light and accommodation; consensual reflex is present.

Deeper reflexes are present and equal on the two sides.

Superficial reflexes are present.

5. MENTAL EXAMINATION (Copied from hospital records.)

The patient admitted she heard voices when she was giving her history but said she could not remember what the voices said. Three days later when going through her mental examination she denied ever hearing any voices and persisted in this statement for sometime. However, after much coaxing and explanation she admitted that she heard voices, and went on to say they used to tell her to go from one room to another, to go down stairs and not to sleep in the room in which she went to bed. She finished by saying, "But I do not hear them now."

She admitted saying these things after she had been reminded that she had said she saw clothes and people hanging on the walls. At one time she said, "Well, I only saw them once."

The patient is probably more hallucinated than she admits. Her apprehension is poor. The Cowboy story was read carefully and she reproduced it as follows: "I think that they really mean about when the men had to dress in old fashioned clothes, and had to change their clothes to round up their cattle, and they had to have a dog. The dog was probably trained to do what he wants it to do." When asked where the cowboy went she answered, "He went to Arizona." She was then asked, "What did he do?" and answered, "He changed his clothes and whistled to his dog and the dog answered him." When asked if the dog was glad to see his master she answered, "Yes." Gilded Boy Story: "The crowning of the Pope is his glory. That means he has to govern his people according to what they have to do, and if they do not obey him he has to give them a sentence that they have to do before they can go away. That is something like Ancient History, isn't it?" The patient's reproduction of a story is more fanciful than accurate.

Clouding of consciousness has not been present

since admission to the hospital and in all probabilities was not present previous to admission, although the patient says she does not remember having any trouble at home, yet when the history of her actions at home is read to her she knows all about it.

The patient's attention is apparently easy to gain. She has the appearance of hearing everything that is said to her, and yet from the reproduction of the stories little effect was made to grasp them clearly. She is not distractible, and she does the simplest tests for attention such as, tapping and counting backward. However, there is considerable blunting of attention.

Her memory seems very good for the past events. There is apparently considerable fabrication, but this is probably not so much a true fabrication as a willful intention to deceive. She denies knowledge of facts which she remembers after they are presented to her. Her impressibility is poor, probably due to inability to concentrate. The words and numbers were given her four times before she could repeat them clearly and at the end of fifteen minutes she remembered all the words but only one of the numbers. The Memory Span is four digits forward and three backward. At one time she repeated five forward but could not do it again, although given numerous trials.

The patient's train of thought is disconnected. She will start on a subject and then has to be prompted and reminded where she left off. There is no retardation of thought, nor flight of ideas.

Her reason and judgment are very poor. She saw the absurdity in only one of the stories, the story of the girl who committed suicide by chopping herself in eighteen pieces, and that had to be read twice with great emphasis. Her judgment in regard to herself is equally poor. When asked why she came here she said she needed treatment for her leg. When told that she was in an institution where only the mentally sick were sent, and asked if she was mentally sick she replied promptly, "Oh! No, I am not." Delusions are rather hard to elicit. She says that she was jealous of her husband and was afraid he would take to drinking and gambling but she admitted that she never knew of his doing either. She was also afraid that he might learn to think more of another woman than he did of her. She denies that she ever thought that people watched her and says she does not think that anyone is trying to harm her.

The patient has never been deeply depressed. She cried some for a short time after coming but it was not hard to make her smile. She has displayed no true elation. Her stay here has been marked by indifference

and apathy. She displays no interest whatever in her baby. She says she thinks her husband's mother has it. When asked what she thought of her baby she answered indifferently, "Oh! I think it is a cute little baby but it is too hard for Mamma to take care of it."

Volition and Action. There has been no retardation and no increase in psychomotor activity. She has seemed to want to sit on the ward and do nothing, just to be let alone. At times she talks to herself.

6. DISCUSSION OF CASE. Anna's maladjustments seem to date from her pregnancy. In this she could see her loss of status with her group, and humiliation. The adjustment of this situation--the forced marriage developed further maladjustment instead of proving to be a solution. Anna had always planned to have her own home when she married. Under existing circumstances she and her husband, living with first her relatives and then his relatives were not adjusted according to the ideals Anna had always held. The loss of her father made one more adjustment for her to make since she was very fond of her father. About the time of the birth of her child, her husband began to gamble frequently and to be away from home a great deal. By this time she had developed abnormal tendencies and her husband probably wanted to be away from her as much as possible.

It was shortly after the birth of the child that she entered the hospital. Since all of her maladjustments and unadjustments were centered around the child, it is easy to see why Anna is indifferent to her child; it is probably an attempt to forget a painful experience.

The concrete events in this case grouped themselves around the forced marriage which turned out unfortunately. These situations proved to be of social significance in this case, as they bring about loss of status, loss of response and finally loss of independence and marital conflict. Psychologically these situations are characterized by mental conflict, inferiority and a general state of unhappiness.

II. TOM MILLER: SIMPLE TYPE, DEMENTIA PRAECOX

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Difficulty in school, especially in reading and spelling	Retardation and association with smaller children. Ridiculed by own age group, ridiculed by family	Discouragement, humiliation, bash- fulness and defense
2. Diphtheria after-effects	Prolonged temporary isolation	Unhappiness
3. Family made known its	Disregarded at school(?)condemned	Feeling of not being wanted, loss

distrust of his ability	by family to lower and uncertain status	of self-confidence, sense of inferiority
4. Family told him he was a simpleton and black sheep	Prolonged isolation Lowered status within the group	Sense of being indifferent Inferiority(?)
5. Typhoid fever and after effects	Prolonged isolation	Sense of being indifferent Inferiority
6. Contracted venereal disease	Illicit sex relations, social stigma	Substitute affection(?) Worry and fear
7. Burning of home Economic loss	Stigmatized(?) Loss of security New home to be found	Fear of health, further sense of isolation, inferiority and insecurity
8. Told to get out of brothers home	Exclusion from family group	Further isolation and insecurity feeling
9. Went to live in cheap hotel	New primary group Cheap life	Lonesomeness Attempt to secure lost satisfactions-- affection and recognition
10. Married before he was able to support a wife	Changing and uncertain economic status	Fear of losing new gains Further sense of insecurity
11. Difficulty in holding job Recipient of charity	Further lowering of status Loss of insecurity	Humiliation--sense of defeat. Fear of poverty
12. Illness which came on while working in the country	Conflict between wife and family Conflict between members of old and new primary groups	Conflicts Divided loyalty Inferiority

B. CASE HISTORY

1. PERSONAL APPEARANCE: Tom Miller is twenty-eight years of age, he is six feet in height and weighs 160 pounds. He has a light complexion, light brown hair and blue eyes. His manner is very hesitant, friendly in response and on the whole pleasing. He is clean and neat in appearance.

2. FAMILY HISTORY: Tom was the sixth child in a family of seven. There are two older brothers and three older sisters and one younger sister. According to Tom his family thought that he was not as bright as the average. They made fun of him because of his backwardness in school, and his lack of ability to read. Around home he was on the defensive, being quiet, bashful and quick tempered.

The father, a lawyer died at the age of forty-one of stomach ulcers. He was described as quiet, given to reading a great deal, especially late at night. At the age of thirty the father had a "nervous breakdown" and used alcohol about every two weeks through out the remainder of his life.

The mother, now living, age sixty-four, is described as "easy going." However she is very nervous at times and screams at sudden noises. She had a stroke of paralysis about a year ago. She appears rather dull and seems to be slow in grasping an idea but willing to give any information she has. The sisters are reported by each other to be "nervous." One sister seems to have

spells of despondency when she lies down, beats the bed and says she is dying. Her physical health is supposed to be normal.

3. PERSONAL HISTORY: Tom was born in a small town in Kentucky where he lived for six years. The family then moved to Kansas, a town of 60,000 population. He has always remained here except for two intervals when he worked out of town.

As a child he had chicken pox, diphtheria and measles but no other illnesses or diseases. He began to walk at eight months and began to talk at one year. According to an older sister, Tom had a very severe case of diphtheria after he had gone to school for one year, when he was seven years old. Following this it seemed impossible for Tom to learn words and therefore he failed to learn to spell and read. An aunt, a physician said that he suffered from "word amnesia," due to a brain condition resulting from the diphtheria. He spent several years in the "ungraded" room under a competent teacher who failed to teach Tom to read or spell.

After leaving school Tom went to work on a farm. After working there for about two months he contracted typhoid and was very ill for about seven weeks during and after which he had delusions and heard voices.

Tom's father died when he was six years old and an

older brother assumed responsibility for the family. Tom says his older brothers used to tell him that there was a black sheep in every family and that he was the black sheep in their family; that his mother called him a simpleton often, telling him that he was not normal because he couldn't read. At the age of fifteen, he was hit on the head and face by an elevator and was unconscious for two hours.

At the age of eighteen he went to a nearby city to work and lived with a married brother. While there he contracted a venereal disease. Whether the disease was gonorrhoea or syphilis has been disputed. From the symptoms one of the doctors in the hospital seems to think that it was either syphilis or both, as the patient described vague symptoms of local infection and a swelling in the face at the time of the infection. The doctor who treated Tom told him that he would always be sterile and frightened him about his condition, over which he brooded for sometime. Ever since his infection he has seemed to worry about it more or less.

He then returned home and lived with his mother until her house burned. Then Tom and Mrs. Miller went to live with a married brother. The brother and brother's wife thought that Tom stayed out too late at night so asked him to move. Tom's sister claims that the girl whom he married allowed him to stay very late and that

the brother with whom he stayed was afraid that Tom would lose his job and for this reason insisted on better hours for his brother.

At the age of twenty he moved to a cheap hotel where he was very lonesome. He was also out of a job but he married a girl fifteen years old who had been a cigar maker. According to Tom's family he lost his job because he stayed out so late at night that he couldn't do his work and was late in going to work. They also claim that his father-in-law bought the license and led him to believe that the girl was pregnant and that he was responsible. Tom's family all believed this to be true and were surprised that their first child was born after they were married eleven months. Tom's family opposed the marriage very much. His oldest sister whose opinions he respected very much told him that Bessie would "do" in the kitchen but that she would never be a girl that the family could "take in."

They lived in two rooms of an old house in a poor part of town. This couple now have six children ranging in ages from seven to two months. Tom got a job working for the city on a street gang the next day after he was married and kept this job for several months. Since that time he has had a number of jobs. He told the investigator: "Sometimes things would come up and I would quit my job and when I came home there would always be a rumpus. My family would tell me that I

was too simple-minded to hold a job." He has worked most of the time as a lineman, working for the telephone and electric power companies. He has also driven trucks, pulled ice and been a fireman.

Inquiry from former employers indicated the patient was dishonest and inefficient. He was discharged as a lineman because his work was careless. At another place where he worked as a truck driver he was discharged because he was "sticky fingered."

As previously mentioned Tom has changed jobs frequently. This seems to have worried him a great deal. He had a large family to support while his wages were only four or five dollars a day. In addition he was often out of work because of changing jobs.

Tom says that he has never been strong physically since he had typhoid, that once when working in the country he became over heated and his side hurt, that the woman who lived where he worked told him "to hurry home and live as long as he could." This frightened him for some time.

A social agency has helped Tom's family intermittently for five years. Once when this agency sent wood he thought that the wood had come from his mother's house but later remembered that the house burned several years ago.

Tom thinks that his wife is a good manager. His married life has not been congenial, however. He thinks that it is due to the fact that he could not provide adequately for his family.

According to Tom's family his home life, since marriage has been very unhappy. His wife appears to be very inferior to his family.

They speak of her as being "common and "trash." They claim that Bessie is a poor housekeeper and untidy in her personal habits. They say that she does not cook regular meals and as a result the children have had very poor health. The Millers feel that Tom's wife has emphasized his feeling of inferiority by telling him that he is crazy and by telling him that his relatives mistreat him. His sister claims that on one occasion Bessie told him that if he was around his family very much they would poison him; and soon after that he developed the delusion that his family was trying to poison him. Tom's family does not think Bessie a fit person to raise the children and is very distressed over the vulgar language that the children use.

A visit to the patient's home revealed the six children and Bessie living in two small rooms. The house was filthy, dirty dishes and soiled clothing were everywhere. The five older children including one twenty months old could handle profane language with ease and emphasis while Bessie warned them to "keep

still or the lady would get them for their talk."

Bessie dislikes the Millers very much and feels that they are unsympathetic to her and the children. Tom's intelligence test showed him to be a low grade normal on the Terman scale.

4. PHYSICAL EXAMINATION: The patient is a well built, well developed male adult about thirty years of age who seems to be a little hesitant in his manner. His ear lobials are attached, otherwise there are no stigmata of degeneration. He is well nourished and there are no wounds or deformities except some minor scars about the body. No evidence of somatic disease. His head is well formed. The nose and ears are externally negative. Mouth: Teeth are in good condition. The tonsils are small, imbedded deep in the fossi, a little reddened but not pathological. The neck is normal.

Chest is normal. Expansion is equal and regular on the two sides and there are no adventitious sounds heard within the chest wall. The heart is not enlarged. Point of minimum intensity is well within the midclavicular line and in the fifth intercostal space. Heart sounds are equal and regular and of good volume. Pulse is good. There is no evidence of any hardening of arteries. The blood pressure is 118/80. There is no epitrochlear enlargement.

Abdomen is normal. Extremities are normal.

In the examination of the nervous system there is nothing abnormal found. Reflexes are active and normal. Wassermann test is negative.

5. MENTAL EXAMINATION: (As copied from Hospital Records.)

The patient denies hallucinations and illusions. There is no history of any nor does the examiner believe they exist. His apprehension is only fair. The absurd stories were given him and the absurdities of the simpler ones were detected but with those a little harder he was unable to do anything.

He shows no clouding of consciousness and no disturbance of attention; no blunting and no distractibility.

Impressibility is poor. He was allowed to read part of the cowboy story and could not retain very much of what he read himself as it took most of his mental capacity to do the reading without letting any of it "soak in." The entire story was read to him and all he could repeat was, "A cowboy from Arizona dressed up in his finest, went to his dog and the dog didn't know him." He retained three words and three numbers for fourteen minutes. The second number was given as fifty-six instead of thirty-six at first, but he was asked to give them again and in his hesitating manner he got it right the second time. His memory span was six forward and four

backward. He shows no fabrications of memory. He is not disoriented as to time, place, or persons. After being here fifteen days he knows only two people on the ward, they being Mr. C. and Mr. W., attendants. He shows no retardation of thought, although he is very slow in his mental processes, and not sure of himself. The entire trouble with the patient is that he has an inferiority complex. His family have preached to him ever since he can remember that he wasn't bright and the idea has been so ingrained that he thinks everyone sees the characteristics standing out all over him. He had been quite delusional.

His reason and judgment are poor. He cannot stand his own ground at all. He is easily lead by anyone who is talking to him. He is fairly emotional.

There has been no especial disturbance of volition and action. He shows some intelligence defects but he can read some by putting his entire mental faculties at it, but is not able to recall much of what he has read. With a pencil and paper he can figure out any of the small problems given him. There have been no general conduct disorders except that the patient cannot take care of himself and family.

In the Terman intelligence test the patients ranks as a low grade normal.

6. DISCUSSION OF CASE: The patient shows a gradual development of a so-called inferiority complex which began in early childhood and was emphasized until the time of his mental illness. His brothers and sisters "picked on him." He had difficulty in learning, he accepted the responsibilities of marriage before he was able to do so.

His future is not bright. His wife is a poor manager and a poor housekeeper, they have six children to care for. He is not prepared to do any particular work when he does leave the hospital. The family will probably always be one for which society must care.

In Tom's case illnesses isolated and retarded him and gave him a lowered status which developed inferiority in him. His economic losses, inability to support a family emphasized this and further lowered his status. The trend of his mental reactions is toward conflict, worry and a feeling of inferiority.

III. EDWARD JONES: DEMENTIA PRAECOX, SIMPLE TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Mother's attention	Mother's companion- ship	Excessive inde- pendence
2. Conflict with half brother and sister	Quarreling	Conflict

3. Difficulty in making school adjustment	Limited participation in group life	Fear and conflict Shyness
4. Discipline in school	Attempt to gain attention	Compensation for inferiority
5. School failure	Loss of status	Inferiority feeling Mental conflict
6. Number of jobs	Changing status	Conflict, instability
7. Couldn't do his work properly	Accepts lower status	Resigned to inferiority

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is about five feet nine inches tall, has light complexion and weighs 126 pounds. He seems ill at ease, nervous, but friendly. During an interview he never sits still, he is always tapping his foot, toying something in his hands or moving about. He is twenty-four years old, but seems young for his age.

2. FAMILY HISTORY: The father is a railroad laborer, very nervous, very emotional and quite religious. The father was irritable at times and the past four or five years he has been more or less sickly and has been going down hill most of the time. The patient's mother is also of a very nervous temperament. Edward's mother has always worked hard and about a year and a half ago she had a mental breakdown and has been in this hospital since that time. diagnosed as involuntional melancholia. The mother's mother and brother were also insane. The

diagnoses not known.

3. PERSONAL HISTORY: Edward was born in Colorado Springs. He is the oldest of two children by the second marriage. The family lived in Colorado Springs until Edward was five when they moved to Maryland. They stayed there a year then moved to a small Kansas town where they lived for three years. Since they have moved to Topeka where they have been until the present.

Edward's birth and infant life was normal. He had measles and chicken pox but no other illnesses. The half brother and sister did not like Edward, since he and his brother (2 years younger) received most of the mother's attention. Edward was jealous of the mother's attention for his younger brother and he began to feel inferior to his brother. He says that he began to be very nervous when he started to school. He hated to leave his mother to start to school and had a difficult time adjusting himself to the school situation. He was always a disciplinary problem in school, always trying to attract attention by some prank.

The patient finished grade school at the age of fifteen. He went about one and a half years to high school and worked around theaters during his spare hours while going to school. He was let out of school during his sophomore year. He claims he was blamed for

some things that he didn't do that they were "down on him" and flunked him in algebra when for the past seven weeks in algebra he had made grades from 90 to 100 in his tests. The school records showed that Edward's work had been very poor and that he quit school on his own accord.

He admits he was no angel in school and was in all kinds of mischief but says that the things they held against him were not true. He said that he was going with a nice bunch of boys. They had a quartette but said that he was left out of this and quit associating with that bunch entirely. In fact, all in all, things went very wrong for him at this time--but he says that it did not bother him a great deal. When about seventeen years old, he got a job with a magazine crew taking orders for magazines from house to house. They went down into Southeastern Kansas where they went broke. He and some other boys bummed their way to Texas, where they stayed for a few days just looking the country over and then they bummed their way back home. He got a job in an ice cream factory. He worked there steadily for a couple of years. By "steady," he meant that he was employed most of the time although his boss would fire him one day and then maybe call him up the next morning and tell him to come back to work. Finally he got fired because he had a wreck with one of his employer's trucks.

He said that he was driving too fast and hit something. He claims he had had one or two minor wrecks before this one.

After that he worked as a stage hand around a theater whenever there was a road show. He then went back to the ice cream factory for a few months. Then he went to California for three months to visit his aunt. He liked California very well. He believes that if he had never returned he would not be in the hospital now. After returning to his home he got a job as property boy with a stock company at the same theater. He held this job for six months, until the show broke up. After that, he again worked at the ice cream factory a short time until he and the proprietor's son went on the road with some auto racers. Here he worked as a starter and helped with the publicity work. During the winter, he would loaf or do anything he could get around the theater, then during the summer he would go back with the auto racers.

About a year and a half ago Edward's mother became depressed and finally had to be taken to the state hospital where she was diagnosed as having involutional melancholia. The mother's illness worried the family a great deal. This winter Edward was going to do the same as last, work a few shows and loaf but he got sick in January and he, his father, and brother had the

influenza. His mother being out at the hospital, he tried to take care of the two at home. Said he would lie awake many nights worrying about his mother, and trying to keep his father in bed. He worried much about his mother's illness. Then when he would get up in the morning, a queer feeling would come over him, sometimes he would be dizzy, his head would hurt and he couldn't think at all. This feeling continued for a time no matter what he would do, he would have a "no-account" feeling come over him that life was not worth the struggle. At first he went to a doctor in town who was able to bring him out of this feeling but only for a short time. He said he finally got so bad that his father and doctors in town persuaded him to come to the hospital as a voluntary committment patient.

The patient admits that he has drunk a little, perhaps been drunk three or four times in his life. He admits this feeling of inferiority and peplessness has been coming on him for quite sometime. Last summer when he was out with the racers there would be days when his head was in such a muddle that he would be unable to check up the business at the end of the day. The patient has had a great many contacts with girls but never any serious love affairs. He offered to tell about his "love affairs" as he called them saying that he surely was popular with the girls. Edward rates

as a low grade normal on the Terman scale.

4. PHYSICAL EXAMINATION: (Copied from Hospital Records.)

The patient is very restless and rather ill at ease when one is talking to him. He is not very well nourished, shows no wounds or deformities but has a superfluous growth of hair over the body and the ear lobials are attached. There is no other evidence of degeneration. His head is well formed, and is covered with an abundance of dark hair. Eyes are blood shot and showed evidence of some conjunctivitis when he came to the hospital and at the present time if he reads for any length of time they will still be red. Nose and ears are extremely negative. Teeth, there are many extractions. A bridge across the entire upper front. There is evidence of phorrhea and some dental cavaties. The tonsils are red but very small. The posterior pharyngeal wall is slightly reddened. The neck: There is slight cervical adenopathy with some pulsations of the caroted arteries, otherwise negative. The isthmus of the thyroid is a little larger than usual but not what one would call abnormal. The chest is slender, the respiratory excursions is about equal on the two sides. Vocal fremitus is a little more pronounced on the left side, especially in the apices than on the right. However, tactile fremitus is more pronounced on the right. There are no rales heard and the breath sounds are normal. The ears are not enlarged.

Apex is well within the midclavicular lines. There are no murmurs and no thrill palpated. The arterila wall is in good condition, pulse is equal and regular. The blood pressure is 148-82.

The abdomen is slender. There are no points of tenderness elicited or masses felt.

Extremities are normal.

External genitalia are negative.

The sensory phenomena is entirely normal. The motor phenomena except for the co-ordination tests, in which the patient points a little more to the right with the right hand and to the left with the left hand and that the patient sways a little more in Romberg's position with his eyes closed, than normal.

Vasomotor phenomena: There is marked cyanosis of the extremities dermatographia, some blotching and pallor and profuse sweating in the axillary region.

Reflexes: Superficial reflexes are all present and active, deep reflexes seem to be quite active. Perhaps a little hyperactive. Wassermann test is negative.

5. MENTAL EXAMINATION: The patient denies hallucinations or illusions. In testing his apprehension the absurdities in the simple stories were readily discerned. He did not grasp one story but another he saw through immediately. The patient claims that this spring and

late winter when he would get up in the morning he would be so indifferent and lacking in pep that his entire mentality would be clouded. He could not think straight, would be dizzy and do nothing but lie around on the bed. He couldn't even sleep. He shows marked disturbance of attention, being quite distractible. His impressibility was quite good. The cowboy story and the shark story were both returned in a very good manner. He retained the three words and three numbers after they were impressed upon his mind quite indelibly for over an hour. Memory span was nine digits forward but only four backward. As far as we know he shows no fabrication of memory. He is not disoriented as to time, place or persons. He shows some disturbance of train of thought, no retardation, some desultoriness and is quite shallow. He says that at times he feels as though he were someone else. He said that the other day while walking along the ward he felt as if he were his brother and that the other night while in bed he thought that he was his mother. He says that this is just for an instant or two but that it comes over him. He says his general feeling is that he is not himself but someone else. No real delusions could be brought out. As for insight, he knows there is something wrong with him but can't figure out what it is.

At the present time he thinks he is depressed but he is indifferent and was quite irritable at home. He has talked to his brother as if he might commit suicide sometimes. When we wanted to transfer him to the upper ward he asked that we do not because he could not trust himself. In the examiner's opinion this is done for the effect rather than anything else. He says many times he will be sitting talking to someone and a thought will come to him and just as he is ready to say it for some reason or other he won't say it. This is not a typical blocking but simulates. The patient shows some pressure of activity, in that as long as he is carelessly playing cards or frisking around with some of the other patients on the ward he has no troubles but as soon as he is asked to do something or he is sitting alone he begins to worry about himself. There has been no cataplexy, cerea flexibilitas, echolalia or echopraxia. He shows no negativism or mutism.

6. DISCUSSION OF CASE: Significant tendencies which Edward shows in childhood seem to be the attachment he had for his mother, jealousy of younger brother and conflict situation in the home between the half brother and sister. When he started to school he had difficulty in making the new adjustment because he didn't want to leave his mother.

His school work was poor, and he apparently developed a feeling of inferiority. In order to compensate for this, he gained attention in school by pulling some prank and by always being "in bad" with the teacher. His failure to become adjusted to a regular routine is further shown in the various kinds of work he did after leaving school. Mother attachment which is frequently complied with homosexual tendencies in this case is suggested by the fact that he has never been successful in making adjustments to the opposite sex but insists that he is very popular with them.

The outstanding concrete events in this case are the mother's attention given to Edward and his school failures and difficulties at school. The social relationship that he seemed to be striving to gain was status. Because of the conflict for status there was developed mental conflict and inferiority.

The attention given to Edward by his mother proved to make him dependent on her. His trouble at school indicated that he was not adjusted there and was constantly trying to gain status, which made him feel inferior and show his mental conflict. When he couldn't do his work properly, his defeat was admitted and he came to the hospital accepting a lower status.

IV. ROBERT JOHNSON, DEMENTIA PRAECOX, HEBEPHRENIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Parent's at- tention to brothers	Lack of recognition	Jealous of brother
2. Fussed with brother	Unstable status	Defense mechanism
3. Low intelli- gence demon- strated	Isolation Lowered status	Inferiority(?) feeling
4. Difficulty in school	Isolation Lowered status	Inferiority feeling(?)
5. Flu when 10 years old	Attention gained Better status More response	Enjoyed atten- tion
6. Sun stroke	Attention gained	Enjoyed atten- tion
7. Masturbation	Self attention	Consolation Conflict(?) Worry(?)

B. CASE HISTORY.

1. PERSONAL APPEARANCE: Robert Johnson is seventeen years old, weighs 170 pounds, height is five feet six inches, He has an abundance of hair on his face, eyebrows tend to grow together, brown hair, brown eyes, slow in move-ment, very dull and stupid looking. This is his second attack of dementia praecox, the first occurring at the age of fourteen.

2. FAMILY HISTORY: The father is a farmer fifty-four years old and in good health. When a child he had con-

vulsions. The father is quiet, sensitive, high-tempered, obstinate, very easily excited, and does not like social gatherings. A paternal uncle was feeble-minded.

The mother is forty-four years of age and in good health. The mother is calm, very religious, and seems to be emotionally stable. The maternal grandmother had encephalitis following typhoid fever from which she died. There was also a maternal uncle who became "insane" and died, following typhoid fever. The patient's two brothers seem to be normal, according to the parents.

3. PERSONAL HISTORY: The patient's birth was normal. He learned to walk at eighteen months, began to talk at twenty months, being slightly retarded in his other developments as well. He lived on the farm with his mother, father, and two younger brothers. As a youngster he seemed to be dull and listless. He was jealous of any attention that the next younger brother received of his mother. Robert had chicken pox, whooping cough and measles but all were in a light form. He had no serious illnesses.

In school Robert did not learn easily and was always at the foot of the class. He did not like school and ran away on various occasions. At the age of fourteen he

was in the sixth grade and at this time his family decided to let him quit because he wasn't making any progress. When he was about nine years old his younger brother died which seemed to depress Robert very much. About this time he began to masturbate quite frequently and said that he felt nervous. When about thirteen he had a sun stroke while herding cows on the road and for about four days he thought he would not talk. A short time after he had a severe attack of influenza, at which time he had convulsions for twenty-four hours.

The family are all very religious. They attend the United Brethern Church and the social life of the family as well as the community in which they live is centered around the church.

One day when the patient was herding cows he came home and said that he could not sing any more. After being in bed for several days he seemed to recover. Shortly after this he came home from church and said this his baby brother had been there; he was referring to the brother who had been dead for three years. He also said that his name was not Robert but Isaac. In a few minutes he changed his name to Vernon which was the name of his baby brother. He said that he was going to make flying clouds. He began to get very noisy and so

hard to manage that it was necessary to take him to the hospital. The patient was brought to the ward in such a state of excitement that it was necessary to place him in a jacket. He said he was a policeman and then in a few minutes said he had been deaf for twenty-two years and during the conversations he said that he has been a minister for the last forty-six years, changing continuously from one foolish statement to another. It was impossible to determine whether the patient was hearing voices or not but he freely voiced his delusions. He said that he felt no pain or discomfort but insisted that he was in fine health.

On the Terman scale Robert was a low grade moron. The doctor in charge thinks that he may have deteriorated to some extent.

4. PHYSICAL EXAMINATION: (Copied from Hospital Records.) Patient is well nourished and fairly well developed white male who appears the stated age. There are no wounds nor deformities or evidence of somatic disease. The head is covered with light brown hair and eyebrows are very heavy. There is a moderate amount of coarse black hair upon the patient's face. It is impossible to palpated thyroid and the isthmus is not palpable even when patient swallows.

Boney structure of the chest is only moderately prominent. Superclavicular spaces about equal. Heart and lungs normal.

Palpation of abdomen discloses neither masses nor areas.

Genitalia: Reveals nothing abnormal.

Extremities: Well developed and freely moveable.

Nervous System: Little can be determined from examination of the sensory nervous system as patient did not respond correctly to these points tested upon the body. He would answer correctly to position but not to stereognosis.

Motor phenomena: Muscular movements are free and easy. Speech reveals nothing of diagnostic value. His gait is slow but it is in keeping with the mental status of the patient. Station was maintained in Romberg without difficulty. Patient would not cooperate in test for coordination. No paralysis, tremors nor involuntary movements. No cyanosis. Dermographia was produced upon the chest walls. There is no oedema, blotching or pallor, but a moderate degree of sweating in the palms of the hands and on the face of the patient.

Pupils are adequate. Superficial reflexes were all normal. Deep reflexes such as jaw, biceps, triceps, supinator, knee-jerks, slightly exaggerated.

5. MENTAL EXAMINATION: (Copied from hospital records.)
Disturbance of the process of perception. It is impossible to get a history of hallucinations of hearing in this patient and the examiner has no reason to believe that these have existed.

Disturbance of apprehension. It is impossible to

get the patient to cooperate sufficiently to determine his ability to see absurdities in stories told him. It was also impossible to determine whether there has been a clouding of consciousness. Disturbance of attention: There is a marked blunting as patient does not appear to grasp the significance of the questions asked him. Distractability is not as marked at the present time as it has been in the past.

Disturbance of mental elaboration: It was impossible to determine extent of the impressibility of retention of the patient. Memory span could not be determined. Patient was disoriented in all three fields. Disturbance of reason and judgment: Patient holds many very loosely constructed delusions, feeling that he is a humming bird, policeman, cow, or any other fanciful idea that might cross his mind. Absolutely no insight.

Disturbance of the emotions. Exaltation has been present as when patient was first admitted to the hospital he sang and wept at intervals, first thinking he was a policeman, than administer, governor, doctor or any other title which crossed his mind. Patient has been very tearful on many occasions but it has not amounted to a true depression as he would soon be singing and shouting. He held the phobia when he first came to the hospital that he was to be killed but has been able to forget this for sometime. He has not displayed apathy, paralysis

or blocking of the will. Patient has displayed marked mental excitement and pressure of activity. Heightened susceptibility of the will has not been in evidence. Diminished susceptibility of the will has not been in evidence. Morbid impulses have not been displayed.

6. DISCUSSION OF CASE: The outstanding impression that Robert seems to give is his stupidity. This does not seem to develop in him a feeling of inferiority however as he does not seem to realize that he is stupid or "different."

His history seems to suggest that he may have had an original equipment that is emotionally unstable as his nervous system seemed to react to his physical health. The religious life of the family would probably not develop emotional stability and control.

Robert's life does not seem to show any serious adjustments that he had to make. Rather the facts gathered here seem to picture a life relatively free from stress and distressing circumstances.

The events in this case point to low intelligence, difficulty in school, and illnesses which would place the patient in a position to gain some attention. The low intelligence gave the patient a lower status than others in his group but there is a question as to whether he felt inferior because of this, because his stupidity may have made him fail to realize his inferior place. His illnesses gained attention for him in his

group and he probably enjoyed this new position as he had several neurotic symptoms which may have had no physical basis as in the case of his "inability" to speak and sing for a short time.

V. PAULINE SMITH, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Temper tantrums	Seeking recognition	Jealous of other children
2. Saw little of father	Repulsed--lacked recognition and response	Sense of inferiority
3. Slow in school	Social stigma	Sense of inferiority
4. Spent much time alone	Isolation	Sensitive, lonely and abused feeling, Day dreaming
5. Parents quarreled, father alcoholic, mother hysterical	Insecurity	Upset and confused.
6. Patient threatened others, threw things around, became untidy, made false accusations	Complete loss of adjustment to social environment	Confusion, irritation, fear, resentment

B. CASE HISTORY

1. PERSONAL APPEARANCE: In 1922 when the patient came to the hospital she was seventeen years old and had been suffering from her mental illness for more than a year.

She was about five feet five inches tall, and had no deformities, carried herself well. She has wavy, dark brown hair and blue eyes. Her features are clear cut and regular and is a very pretty girl.

2. FAMILY HISTORY: The patient's father was sixty three years old, health fair. His occupation was that of car carpenter, circumstances poor. He was described as being quiet, retiring, bashful, sensitive, high tempered, headstrong and obstinate. He was not religious or did he like to attend any social gatherings. He is further described as very nervous, as a sufferer from headaches, and a user of alcohol. The father's sister has mental disease thought by the doctors to be dementia praecox.

The mother was fifty two years old and in good health. She is described as quick tempered, jolly and as attending many social functions.

3. PERSONAL HISTORY: Pauline's birth was difficult but no instruments were used. She learned to walk at thirteen months and to talk at eighteen months. As a young child she had measles, mumps, scarlet fever, and chickenpox, but no illness during later childhood. She was a jealous child and while very young had a violent temper which became more violent as she grew older. She was very fond of her father who was not at home a great deal and when he was at home was indifferent to her. She was the second child in a family of four having one brother

twenty, one brother sixteen and one sister thirteen at the time of her admittance to the hospital. Because of her jealousy and temper other children did not play with her readily and then too she liked to be alone.

Pauline started to school at the age of seven and stopped when she was fifteen; she had attained the eighth grade. She was slow to learn and needed much individual attention at school in order to keep up with the class.

Pauline was described by her father as quiet, quick tempered, bashful, sensitive, and obstinate. She did not like to attend parties or social functions and she was not interested in boys.

The patient was born and has always lived in the same neighborhood group in the same city, one of 50,000 population size. People who had always known Pauline, said when interviewed, that she was always alone, and never played with other children. She liked to stay around home and day dream. In her contacts with other members of her family she was always domineering and combative.

Pauline's violent temper became more violent. She threatened to kill members of her family if they refused to do as she wished. She threw whatever she could lay her hands on such as ice picks, scissors and several times glasses and dishes. She sat on her porch and

called to passing strangers to stop making faces at her and for people to stop going by her house. She began to be untidy in her dress and would go shopping or to visit neighbors with her dress unbuttoned and her hair uncombed. If asked to perform any task around the house she would either refuse or do exactly the opposite. She would not bathe or comb her hair unless forced to do so. Pauline imagined she was being talked about and constantly said that her reputation was being ruined. She would accuse strangers of calling her vile names. She went out on the porch on two occasions in her night gown. She imagined she was going to die.

Although the family professed to be Catholics, they almost never attended church. The mother and father fought constantly. Both were very emotional and outspoken. The mother had hysterics when she wanted her husband to get her a new dress and in turn the father would become violent, throw pans and dishes and call the mother names in a loud voice. There was no example of self control or composure in the parents. Pauline's intelligence test showed her to be normal.

When Pauline came to the hospital she was very noisy and destructive. For a time she played with pieces of string or lint she could pick up and would play with her food before she ate it. She claimed that

the nurses did not like to wait on her and pulled her hair and slapped her. She would always back in and out of her room before entering it. When asked why she had these outbursts of temper that she had had, she replied that she "raised hell because she wanted to." While in the hospital she was very untidy, wanted to dress at night but would not dress for breakfast unless forced to do so. The patient's father had told her that she was a "mental defective" and this troubled her a great deal.

4. PHYSICAL EXAMINATION: (Copied from hospital records.)

Pauline is a fairly well developed and well nourished girl. Weight 104 pounds. Height five feet five inches. Complexion medium, eyes blue, hair dark brown and abundant. Eyebrows heavy and meet in the middle line. Eyelashes long. Palatal arch fairly high. Teeth in good condition. Ear lobules partly adherent. No wounds nor deformities. No evidence of somatic disease. Chest contents, negative. Abdomen and contents, negative. External genitals, normal. No disturbance found in sensation of smell, vision, hearing, taste, touch, pain or temperature. Position and stereognosis normal. Muscular movements are normal, excepting for frequent repetition of movements which seem to be without any particular aim or object. She jerks and back steps and twists her hand, but can stop any of these movements when one insists upon her doing so. There is no speech

defect. Patient can walk a line heel to toe and maintain Romberg's position. There are no paralyses. There is a slight tremor of the protruded tongue and extended fingers. There is no cyanosis, dermographia, oedema, blotching, pallor or undue sweating. Cheeks are flushed at time of examination. Pupils react to light and to accommodation. Consensual reflex present. Superficial reflexes, corneal, pharyngeal, abdominal and planter present. Deep reflexes also present. Knee jerks active and equal. No trophic phenomena such as strophies present.

5. MENTAL EXAMINATION: (Copied from hospital records.)

Patient says she sometimes hears voices when there is no one present. They call "Oh Pauline." Sometimes they say "Old Fool." It is very hard to hold her to any subject in which she is not interested, and at the present time she is interested only in "going home." Impressibility of memory is not good because probably due large to lack of attention. Retention of school knowledge is fair as shown. However constant urging and repetition was required before these answers were obtained. Memory span of seven digits forward and four backward. There are probably no fabrications of memory. Patient is not disoriented for place or persons and is usually oriented for time. There is no retardation of thought but some flight of ideas is noted. Patient is inclined to repeat sentences, and jump from one senseless

statement to another in quick succession. Patient imagines people ridicule her; accuses her people at home of being unkind to her. Has thought people were trying to take her reputation from her and that everybody was against her, especially the doctor and the nurses at the hospital. Patient is not exalted and not usually depressed. She is inclined to be suspicious of everyone. She is not apathetic but is irritable and at times has violent outbursts of temper.

There is no psychomotor retardation, paralysis nor blocking of will. There is increase of volitional impulses manifested by motor excitement, inflexibilitas, not echopraxia. At times the patient manifests some echolalia. Patient is negativistic. If one wishes her to do anything she is much more likely to do it if she is told to do something exactly opposite, negativistic. She is not mute but much coaxing and urging was required to get her history. No compulsive acts have been noticed since admission to hospital. She is said to have threatened to kill others before admission here. Patient has had average intelligence but shows some deterioration. Patient is inclined to be obstinate and negativistic. She is destructive and is not very tidy. The examiner found her at different times with a ball of tangled hair in her mouth.

Later developments in this case are significant: The patients habits and conduct improved so that she

might go home. According to the hospital records she was paroled and as she was able to live at home successfully for six months she was discharged as "restored."

Three years after the patient's discharge she began to have epileptiform seizures. Since that time she has had a large number of these epileptic attacks. Her temper has been violent too, but her family have kept her at home.

Five years after her discharge from the hospital, Pauline was in a maternity home, having given birth to an illegitimate child. There was some doubt as to the paternity of the child. During her stay in the maternity home she was very untidy, had a violent temper and would strike the other girls if they said anything to her which made her angry. The other girls thought that she was "queer and nervous" and were afraid of her.

6. DISCUSSION OF CASE: The case of Pauline is interesting because it shows the problem of adjustment of mental patients after their discharge from the hospital. Not only was Pauline difficult to adjust in the family situation but her unmarried motherhood gave society a problem to solve. She was cared for by a maternity home, and later her baby was placed for adoption as her family refused to accept it at home. The child was not easy to dispose of because of the family history of epilepsy and insanity. There is the question as to whether or not the child will be a problem in the future because of

these factors.

In Pauline's life her maladjustment started in childhood. She came to be jealous of her younger brothers and sisters which gave rise to her violent outbursts of temper. As her father and mother quarreled often and intensely she probably learned from them to display her temper. Her temper outbursts isolated her from the other children as they were afraid to play with her. Her exclusion from the group she met by day dreaming and withdrawing herself. Her father's indifference to her hurt her and made her more seclusive. This in turn may have been partially responsible for her seemingly lack of ability to get along with boys; and this may have been due in part to her apparent violence. It was not due to an unattractive personal appearance as Pauline was pretty. Later her promiscuity was an effort to gain approval with men.

In the concrete events we see little attention given to Pauline and her efforts to gain attention. Her efforts finally became abnormal and her behavior was violent in character. She tried in the social relationships to gain recognition and response and she had reactions indicating inferiority and confusion.

VI. RUTH RICE, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS
AND EVENTS

SOCIAL RELATIONSHIP

PROBABLE MENTAL
REACTIONS

1. One of six
children

Ordinary group life

Measles and whooping cough	Center of attention	Sense of importance
2. School failure, parent's divorced, girl lived with mother	Detachment from old groups, isolation	Worried over loss of status (Inferiority)
3. Employment at various jobs	New contacts and new demands	Under a strain (fear) Distressed about clothes (Inferiority)
4. Infantile paralysis	Isolation	Mental conflict
5. Mother talked disparagingly of sex and marriage No boy friends	Isolation	Curiosity and desire for response vs. fear and resentment
6. Spiritualist meetings		Hearing voices Day dreaming
7. Sits with head down, volunteers nothing	Still further isolation	Escape from humiliation

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is twenty years old, weight 130 pounds, height five feet four inches, dark brown hair, brown eyes. She is quiet and timid in manner, always courteous in her response to questions.

2. FAMILY HISTORY: The father, a carpenter is fifty-two years old and in good health. He is quiet, not easily excited, not religious and does not like to be with people. The father used alcohol but is not intoxicated often. The paternal grandmother is in a hospital for insane.

The mother is forty-eight years old. She is quiet, easy going, very religious and fond of attending social functions. The father and mother were not congenial and were separated when the patient was thirteen years old. The father has since married and lives in St. Louis.

3. PERSONAL HISTORY: The patient is the fifth child in a family of six. There are five girls and one boy. The father was lazy, a poor manager, did not provide well for his family. During childhood Ruth had measles and whooping cough in very severe form. There was a period after her recovery from these diseases when she was the center of attention of all the family and she says that she never felt strong after having these illnesses.

In school the patient had difficulty in the fifth grade with the teacher and failed, otherwise her school work was average. Because of the parent's divorce when Ruth was thirteen and she stopped school at the end of the eighth grade and went to work in order to contribute to the family income.

Her first job was as a messenger girl at a telephone company where she worked for five months. Her work was hard, she felt nervous though she got a job in a large office doing similar work. She only kept this job for about five months and left because she could not afford to dress as the other girls did because she had to help support her mother at home.

For about two years she did domestic work. At the end of that time she got a job working at a wholesale drug store but only worked for two months because her work made her so nervous she couldn't sleep. She returned to domestic work and later on contracted infantile paralysis. The patient used to worry for fear people would think that her mother, sister and she were "bad" because they lived by themselves.

The patient says that she has never had a date, that she does not want to like young men, says that she does not want to get married, she says her mother said that married life had too much responsibility. While the patient was doing domestic work, she began attending the Spritualist Church and voices began to talk to her at night. The patient says that the voices warned her of danger that was coming but did not say what the danger was.

The patient is very sensitive about her poverty and about the fact that her mother and father were divorced. She thought that people were talking about her wherever she worked and has always been very seclusive and is given to day dreaming.

4. PHYSICAL EXAMINATION: (Copied from hospital records.)

Patient is a well developed and well nourished young woman, twenty years of age, weight on admission 119 pounds, and height five feet four inches. The skin is clean and smooth except a vaccination scar on the left arm. The

thyroid is palpable but there is no other adenopathy. There is no stigmata of degeneration. Teeth are in good condition, except three, which are out below on one side and two which are out below on the other side, and a number are filled. The palate is slightly high arched.

Chest: The chest is well formed and the muscular development is good. Expansion is good. There are no lumps in the breasts but left nipple is inverted. Heart rate during examination was 96, and the first sound seemed weak. There were no murmurs and the apex beat is in the fifth interspace just within the nipple line. Lung examination is negative.

Abdomen shows no masses nor areas of tenderness. Appetite is good, but bowels usually require a laxative.

Genitals: Perineum is in good condition. Hymen is unruptured, uterus is in good position not drawn to either side and freely moveable. Speculum was not used. There are no external hemorrhoids. Menstruation began at twelve, has been regular until lately, but has been painful for the first two or three days. Patient has not menstruated since the beginning of her mental illness. She has had no bad feelings at the time when her menstrual periods should have come, no sense of weight or heaviness in the pelvis and no backache.

Extremities show nothing of note except that the feet are cold and there is possibly a slight cyanosis.

The hands are slightly cyanosed.

Blood Wassermann is negative.

Nervous System.

Sensation: No disorder of cranial nerves. Patient is sensitive to hot and cold and sharp and blunt points all over the body; senses of position and stereognosis are good.

Motor phenomena: Patient has no speech or gait disturbance. She says the test phrases, maintains Romberg's position, walks a line heel to toe, and does the finger to finger and finger to nose tests well.

There is a tremor of the spread fingers, protruded tongue, and closed eye-lids.

The only vasomotor disturbance noted is the moderate cyanosis of the hands and feet.

Reflexes: Pupils are equal, regular, and react to light and there is accommodation; consensual reflex is present.

Deep reflexes are present, equal on the two sides, and not exaggerated. Superficial reflexes are present.

5. MENTAL EXAMINATION: (Copied from hospital records.)

Examiner is unable to decide whether or not patient has heard voices. From the commitment papers and from some remarks of the patient one would think she had been hallucinated. She admits she has had something like visions, something that was clearer than dreams.

Apprehension seems to be good. She could repeat the Cow Boy Story and the Gilded Boy Story.

She does not seem alert or interested in her examination, sits with her head down all the time, never volunteers statements, and yet she counts backward correctly, says the months backward and does the tapping test.

Her memory is very fair for school knowledge and for the events of her life. Her impressibility is good. She remembered the three words and got the seven digits right although she said twenty-eight instead of twenty-three and eighty-three instead of eighty-eight, after forty minutes. Her memory span is six digits forward and four backward.

As patient never talks except in answer to questions or to express her wants in the simplest and shortest way, it is hard to judge of her train of thought. However, she answers questions relevantly and coherently.

The patient has no insight into her own case. She does not think she has had any mental trouble. She said that she guessed she was rather sleepy.

There has been no change in patient's condition since her admission to the hospital. She has not been truly depressed, nor she has been elated. She has not been stunty or silly. She has been markedly apathetic. She says that as a usual thing she does not feel unhappy. She says that she has felt blue about four or five times since she has been here but she smiles as she says it.

The patient has shown no increased psychomotor activity and no true retardation. She has lacked a normal interest in things and therefore has not been normally alert and active. She has never been "stunty," resistive, nor negativistic, and has shown no mutism nor excitement. She has shown mannerisms. She hangs her head, and often puts her hand over her mouth or partially shades her face with it. On the Terman scale Ruth was an average adult.

6. DISCUSSION OF CASE: Ruth is a catatonic praecox who has withdrawn from reality to make her adjustment to a humiliated situation, her parents separation and her subsequent poverty because of the loss of the father's support. Her humiliation is expressed in her anxiety over her mother and sisters and her position because they live alone. Her resentment for her father may be carried over in her negative(?) attitude toward young men. The whole series of unfortunate circumstances seem to build up her feeling of inferiority.

VII. EMMA BODY, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Mother's age and indifference to Emma	Isolation	Inferiority-- Resentment that mother did not want her
2. Father's attention	Companionship	Father attachment

3. Lonely child-hood, trips to woods	Subsequent companionship	Escape from reality
4. College stopped	Loss of status	Inferiority
5. New work	New adjustments	Confusion
6. Loss of fiancé	Loss of response	Humiliation and feeling of inferiority, loneliness
7. Loss of mother		
8. Loss of father	Loss of security Loss of response	Loneliness
9. Delusions about advertisements in papers	Attempt to gain security and response	Compensation

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is a woman thirty-seven years of age, of slight build, with brown hair, straight and bobbed, and hazel eyes. She looks old for her years, is very wrinkled. However it is easy to see that she was an attractive looking girl. She is quick in her movements and is constantly picking at her skin or biting her finger nails.

2. FAMILY HISTORY: According to the patient's brother there were no insane or feeble minded relatives. The mother died at the age of seventy-one of cancer of the stomach. Her mother was nervous and irritable and cried frequently, apparently over trivial things and was constantly complaining.

The father died at the age of seventy-two of Bright's

disease. He was slow and easy going but not a good mixer. He preferred to be alone or with his youngest child, the patient.

3. PERSONAL HISTORY: The patient's mother was forty-five years of age when the patient was born, her birth being difficult although no instruments were used. She was the youngest child in a family of four, having two brothers and one sister. She had several childhood diseases which were uneventful. She always played alone because she liked to be alone. She says that her favorite diversion was to go to the woods alone where she would sing and recite poetry to imaginary audiences.

Her mother did not care for Emma as she cared for the patient's brothers and sister. Her father explained this by saying that the mother had not wanted Emma and was so old when she was born that the mother was so nervous and irritable to raise a child. In consequence Emma and her father became "pals". She says that she never cared for, and at times hated her mother.

Every Sunday Emma and her father spent the day together. In the morning they would attend church, in the afternoon they would go hiking in the country. They were spiritualists and the patient feels that their common experiences at church made them understand each other better.

At school the patient was always outstanding. Her father helped her with her lessons and encouraged her to

make good records. After being graduated from high school she attended the state university, where she made a good record. She left the university because of finances.

On leaving school the patient went to Denver where she had a good position as bookkeeper in a telephone office. Her work was hard but she says she enjoyed it very much.

While working in Denver the patient met a young man, to whom she became engaged in a short time. He was the first man she had ever cared for and she said that she liked him "because he was a pal to her just like her father had been." The patient admits having had sex relations with this man. Without any apparent reason the young man disappeared and Emma could not find trace of him.

After this young man disappeared, she brooded over it and worried a great deal. About this time her brother wrote to her to come home because her father and mother were both in poor health. Shortly after her return home her mother died and two months later her father died. It was decided that Emma should remain at home and keep house for an unmarried brother.

At this time the first abnormal symptoms appeared. The patient told her brother that her former fiancé had passed the house but he was unable to see her. Her brother made inquiry and found that no strangers had been in town (they lived in a small town.) Next the patient

insisted that someone was spying on her and throwing a search light on the house at night. She lost a pocket book which she declared was stolen to be used as "evidence against her," and she advertized for this in the Kansas City papers (she lived 150 miles from Kansas City) under an assumed name. She also read the personal column in the Kansas City papers, insisting that all the items were "in code." She began to read the Bible and "purify" herself for a "new birth."

The patient says that during the father's life he made an agreement with her to send her a message, if possible, after his death. In order to get in communication with him she says she "had to get as near the death line as possible." In order to do this she fasted and says that the "nearer the death line she got the more visions she saw and while near the line it was revealed to her how to mix medicines." These mixtures she took and became very ill.

After entering the hospital the patient went into a catatonic stupor during which time she was very untidy in her personal habits and negative. The stupor lasted over a year and after coming out of it, the patient seemed to deteriorate gradually. She has always been more or less untidy and constantly picks at her skin.

4. PHYSICAL EXAMINATION: (Copied from hospital records.) Patient is slight of stature and is very much emacinated. Her height is five feet two inches, weight was eighty pounds

on admission. She has short, brown hair and brown eyes. Ear lobules are adherent; eye brows tend to meet at the middle line and palate is high arched, skin shows that patient has pinched pieces out of it.

Teeth are in very bad condition, patient will not open her mouth sufficiently for a good examination.

There is no thyroid enlargement or other adenopathy.

Chest and contents. Heart and lungs examination negative. Slight rales or murmurs may have been overlooked as patient constantly twisted and squirmed while being held. Patient not only would not cooperate but was so resistive that she would not let the examiner do anything toward making a thorough physical examination.

Abdomen and contents. There was no abdominal tenderness on palpation. Patient held her abdominal muscles in band like rigidity during the examination. Bowels are constipated but whether this is due to trouble with her bowels or to her delusions is hard to determine as patient does her utmost to prevent her bowels moving and urine being voided.

Extremities. Present nothing of note. Feet and legs become so badly swollen and cyanosed from constantly standing that patient occasionally has to be put in restraint and kept in bed until swelling goes down.

Genitals. Hymen admits one finger but not two. Position of body of uterus can not be made out on account of extreme rigidity of abdominal muscles. Cervix of

uterus is smooth. Speculum is not used. There is a band like contraction at the upper right side of the vagina.

Nervous system: It is impossible to make any examination of the nervous system which requires patient's cooperation but it may be safely said that there is no sensory or motor disturbances.

Speech and gait are normal.

Vasomotor. Changes are not in evidence except as a result of constant standing.

Reflexes. Pupils are equal. Regular in outline and react to light; consensual reflexes are present.

Superficial and deep reflexes present and active and equal on both sides.

Wassermann blood test is negative.

5. MENTAL EXAMINATION: (Copied from hospital records.)

Perception is much disordered. Patient's acts indicate that she hears voices and she has probably seen visions judging from the history given. She answers these voices. She says she hears people talking all right but she does not catch everything they say. She says people talk to her in "code" and in an invisible way.

Apprehension. Can not be tested.

Consciousness. It is not clouded and has not been. Patient is oriented for time, place and people, although this would be a difficult matter to prove as patient refuses to fill out blank or even answer questions.

However, from certain answers made at different times, patient has shown that she knows the nurses' names on the ward and that she knows where she is and how long she has been here.

Train of thought. Very desultory as will be seen by what the patient has written.

Reason and judgment. Are exceedingly poor. While patient will not cooperate in these tests stories she can not be made to see that if she wants to go away from here the only thing for her to do is to act in a normal manner and thus obtain her freedom. She runs to every door and window trying to get her freedom.

She has many desires but she seems to have an idea that she must not talk for fear she will tell something that she ought not. Everytime she does say anything she says, "Oh! I have told something I ought not to." Patient has no insight into her conditions. She thinks she is perfectly all right mentally but that she ought to go away from here and that we are holding her.

Emotionally. Patient can not be said to be depressed nor elated nor appathetic. She does not cry or feel sorrowful. She is far from happy but she is not appathetic. Her whole desire is to go but she seems to have no definite idea or definite plans.

Volitionally. It is here patient's greatest disturbance is shown. She is irrational, resistive, holds urine

and feces as long as she can and then is very filthy in her actions. She can not be persuaded to stay in bed or to sit in the hall. She stands by the door constantly and when tired on the hall runs from one door to another trying to get out. She tries to run away at every possible opportunity. Emma's Terman test showed her to be a superior adult despite her probable deterioration.

6. DISCUSSION OF CASE: Emma's reception into her family was not a cordial one. Her mother was forty-five years old, her father older and they did not want another child, therefore her mother resented her arrival and place in the family. The child turned to the father for response and they became very close friends. The emotional type of religion that the patient has always had seems to enter into her abnormalities.

Her first escapes from reality were probably her trips to the woods where she would spend the time singing and speaking to an imaginary audience. Later after her father's death, the religious fasting carried out the same idea. The loss of her fiancé was probably her greatest maladjustment to overcome. Coupled with the loss of father and mother her lack of response, and loss of companionship were probably great and she had a series of adjustments to make.

The events that stand out in this case are the mother's

indifferences, the fathers attention, lonely childhood. Added to these events, leaving school, loosing fiancé, and parents, especially the father came as an unfortunate chain of circumstances for which adjustments had to be made. In the social factors we find Emma struggling against isolation and for response and security. Inferiority has developed with humiliation and confusion for which the patient has escaped from reality and found abnormal means of compensations.

VIII. CHARLES CAMPS, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Ear infection	Attention gained(?)	Fear and recognition
2. Convulsions	Attention gained(?)	Fear and recognition
3. Mother's death	Loss of security	Loneliness
4. Step mother	Quarreling at home Insecurity	Inferiority
5. Brother fright-ened him	Insecurity emphasized	Fear
6. Trouble at school	Conflict Loss of status	Inferiority Uneasiness
7. Left school	Isolation Loss of status	Inferiority Uneasiness
8. Number of jobs	Conflict Further isolation	Inferiority and instability
9. Delusions of strength	Further loss of status	Feeling of inadequacy, compensation Question in own mind
10. Masturbation	Self attention	Worry and conflict

Compensations for
unhappiness, lone-
liness

11. Religious complex Search for security(?) Conflict, compensation

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is a young man twenty-years of age, features regular, slight twitching of facial muscles, weight 130 pounds, height five feet six inches, light brown hair, gray eyes.

2. FAMILY HISTORY: The father, a veterinarian, is fifty-seven years old and in good health. The father appears to lack any abnormal characteristics. The mother died at the age of forty-three of Bright's disease. The mother was very nervous, high strung and sensitive. The patient had one brother who was "mentally deficient" (father's words) and died. The patient has one older brother living, one older brother dead, and one older sister and two younger sisters all of whom are living.

Charles had a maternal uncle who was diagnosed as a catatonic dementia praecox who died in this state. He has a maternal aunt who is "insane," the diagnosis unknown.

3. PERSONAL HISTORY: Very little information could be obtained concerning Charles' birth and early childhood. When about eight years old he had a serious ear infection which did not heal for several months. When Charles was ten years old his mother died. He missed her very

much and says that he has thought about her loss a great deal ever since her death. About the age of nine he saw one of his playmates have a convulsion. This worried him and shortly after this he had a convulsion but has had none since.

His school record was excellent as far as the fifth grade but from that time on his school work became poorer. This was about the time of his mother's death. In high school his grades were very poor, all were under eighty percent. He attended high school six years but failed to be graduated. He was very quiet in school and his teachers thought he was queer and dull. When given the Terman intelligence test he passed the test for the superior adult and was able to define all the words in the vocabulary lists.

After Charles left high school he held numerous jobs in various places. He worked as teamster, grocery boy, newspaper boy, railroad section hand and as various other laborer's jobs. He has tramped around the country, and has been in New Orleans, Texas, Chicago, Cleveland, etc.

The patient's state may be seen in the history that was given on his admission to the hospital, which is in part: "I am a normal healthy young man, fond of hunting, fishing and swimming, skating, etc. I first had trouble with my teacher in school and failure in my senior year, refused to study the lessons assigned, was obstinate, disagreeing

with everyone on all subjects. After leaving school I went to Mississippi, thence to Chicago, tried many occupations but could not hold any job."

"My father gets along fine working for the government at a regular salary. Father is always cheerful and never fights with anyone. Father and I get along all right, except for disputes. He has never beaten me. I wanted to buy a horse but father objected. I have never bought a horse." When asked why he wanted a horse he said, "I could save street car and railroad fares in riding around the country." Patient has a step mother living. Says, "My step mother cleans out all other rooms but she lets dust accumulate in my room." He says she is a good cook. "Father says, "Step mother is an old maid," but I think she has children whom she cares for more than for me." He says that he never received much attention from his step mother and that she never helped to solve his problems.

A younger sister, Thelma, is a senior in high school. The patient says that she learns easily, is sensitive by nature and the patient is fond of her. He says that he remembers that when he was very small his mother urged him to be honest and to read the Bible. While small his brother used to frighten him at night by grabbing him suddenly to see how he looked when he was frightened.

The patient says that he made no attempt to mix very much with fellow students while in the classroom but says that he entered freely into athletic contests. He claims that he was an excellent wrestler, and runner while in grade school and junior high school. He never made it a point to make friends at school and rambled along and said "To make my word good, so I would be honest and wouldn't talk idle talk. I wasn't afraid to talk because I am especially strong and could stand up for my rights."

The patient says that he never married because he never had a regular income of his own. He talks of making mallets for the neighborhood children because they had no tools and so they could give them to the ladies so that they could crack ice with them, or to the grocery man so that he could open barrels with them. He says that he hasn't had a sweetheart recently but has had sex relations. On another occasion he said he had had sex relations once but that he didn't enjoy it because the young lady did not have a child. He says that he likes to dance as a pastime but not as a thing of intelligence. He thinks that shows are spectacular but would rather live an adventure than see it on the screen.

Two months was about the longest time that he ever stayed on one job. He says that he likes to do any work which is in demand, as when people are hungry to bring in

the "sheep" and when thirsty to bring them water. When asked if he had many friends he replied, "That is according to the way they think. I always try to do the right thing." Asked for his definition of a friend he said, "A friend is any man who tells the truth and works for a living." He states that he has no enemies.

His father described his abnormal talk and actions thus: "He talks incoherently about Indians, animals and especially horses, Germans, negroes, and other people, sleeping a great part of the time, laughing at nothing talking in a disconnected senseless way. Refused to shave or cut his hair. Said it made him strong to keep his hair. Says people should eat wild meat and not live in houses. He gave everything away. Kept all kinds of animals. Last summer he made about fifty wooden mallets which he gave to any one who would take one. Started to dig a well in the back yard then threw in the hole a lot of things, bread, bottles, clothing, trinkets of various kinds, some useful, others not, planting things to reap 100 fold, etc." The patient says he began masturbating when about nine years old. He worried about this a great deal as he had been frightened by his father who told him that it was a very dangerous practice and that he might "go crazy."

4. PHYSICAL EXAMINATION: (Copied from hospital records.)
Pulse 84, temperature 98.6. The patient is a well

nourished, white male, of good muscular development who occasionally smiles and when asked what amused him says he smiles just to be cheerful and to show he is not made. On inspection shows a pigmented area on the back along the left body of the trapezius. The right lobe of the thyroid is slightly enlarged. The manubrium sternum and clavicles are unusually prominent. The teeth aside from being dirty are in fairly good condition. His dental repairs consist of only two teeth extracted and one silver filling. Gums are in good shape. The tonsils show a pus condition.

Chest: Chest seems to be well developed, expansion is good and equal on both sides. Percussion note is reasonable throughout. Breath sound seem somewhat harsher than normal with inspiration sounds somewhat lengthened. Heart sounds are regular. There are no murmurs but the sounds seem distant. The second pulmonic is accentuated with the second left and right interspace along the sternal border.

Abdomen: Spleen is not palpable. No masses felt but abdominal muscles seem somewhat rigid. No pain or tenderness could be found on deep pressure.

Genitals are negative.

Nervous system; Eyes myopic. They are apparently in need of correction. Sensory phenomena: With the exception of the touch sensory phenomena apparently is normal. The patient's sense of touch appears to be normal. He is unable to distinguish the head of a pin from the finger.

This is most evident on the forearm and legs. Thinks the finger and the dull edge of the pin give the same sensation and uses them interchangeable. Temperature sense, etc. is normal. Patient has a negative Romberg. Has tremors in the eyelids and in the extended fingers.

Vasomotor phenomena: There is some dermatographia present. The cremasteric and abdominal reflexes are present. Knee kicks are extraordinarily hyperactive and there is a suggestion of a Babinski on the right foot. Wassermann test is negative.

At this point, 4:45 P. M., the patient was asked if he wasn't hungry enough to eat supper and he replied, "I didn't bring my supper with me I'll have to eat someone else's supper as I have no cattle or sheep."

A vasectomy was done on the patient under local anesthesia. A small incision was made on each side of the scrotum, the vas deference was sectioned, a small piece removed, the end from the testicle was left open and the other tied off and sutured back.

5. MENTAL EXAMINATION: (Copied from hospital records.)

The patient has delusions but no hallucinations.

Apprehension: When the patient was told the cowboy story he gave it back fairly well but when asked what the point of the story was replied, "The dog wasn't capable of knowing whether it was the man or the clothes he cared for."

It is impossible for me to say what was in the dog's head."

He returned the Pope story fairly well but said that the point was that the majesty of the Lord was supreme and the majesty of man was a small thing." Mental elaboration under impressibility: After ten minutes the three numbers were returned but only two words. Memory span is eight digits forward and five digits backward. Patient is somewhat disoriented as to time. Disturbance of emotions: No disturbance of marked exaltation or depression. No signs of marked motor activity. No evidence of echolalia or echopraxia. The patient doesn't seem to realize that he is mentally ill. He says his head is solid and has no aches. When asked if he knew that he was mentally ill he said that he thought that his mental control of muscles could be improved upon. When asked why he thought he wasn't mentally ill, he replied, "Because my brain is just like everyone else's and because it has no unclean thoughts and because my brain is righteous." He hears no voices, eats well and chews up tooth picks because he thinks that the body needs cellulose for digestive purposes.

When asked if he was ever depressed he said, "Only when my dad refused to give me money to travel with or to do what I wish such as owning a boat and being captain so I could fish wherever I pleased."

6. DISCUSSION OF CASE: When we consider the heredity of Charles, his original equipment of an unstable nervous system is suggested. The loss of his mother at the age

of ten compelled him to make a serious adjustment. The event of a step-mother into the family group was a source of much happiness and conflict. His school failures cannot be explained by lack of intelligence for he passed the Terman test as a very superior adult, so his school difficulties suggest his home situation as the focus of trouble. His loneliness, school failures and numerous jobs after leaving school built up a marked feeling of inferiority or inadequacy, which are manifested in his abnormal symptoms.

Masturbation and religious ideals contributed to the mental conflict of this patient and are also in his delusional ideas.

Homosexual tendencies are indicated in this case. Charles did not get along well with girls and has a delusion about his potency.

The concrete events in this case that stand out in the General trend of events are the loss of Charles' mother and the arrival of a step-mother into the family; then his school failure and subsequent frequent changing of jobs. The social significance of the trend of events in this case are loss of security and status which developed and fostered inferiority and loneliness which were compensated for in his abnormal symptoms.

IX. JOHN CHASE, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Difficulty finding suitable food as infant	Gained attention	Learned to expect attention
2. Whiteness of skin which led friends to call mother's attention of his "ill health."	Center of anxiety	Satisfaction Pleasure
3. Family's anxiety about frail appearance	Center of attention	Satisfaction Pleasure
4. Mother made his decisions	Dependence on mother	Inferiority
5. Did not play with other children successfully	Social isolation	Loneliness
6. Never finished anything he started		Instability(?)
7. Unsatisfactory work in college	Lowered status	Inferiority and conflict
8. Monotonous job, pay not satisfactory to John	Unsatisfactory status	Conflict Inferiority
9. Inability to practice chiropractic with cousin	Lack of response(?)	Conflict Inferiority
10. Started up business for himself, slow work	Unstable status	Inferiority
11. Two broken engagements	Loss of response Loss of status	Inferiority
12. Girl telling him what she expected	Threatened status	Conflict Inferiority

13. Asked mother to come and care for him Accepted lower status Inferiority, worry

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is a young man twenty-eight years old. He is five feet eleven inches in height, has dark brown hair and brown eyes. He weighs 150 pounds. He has a good posture. His skin is very white and the complexion clear. There are no deformities, his features are regular. In short, the patient has a fine personal appearance.

2. FAMILY HISTORY: The father, a lawyer, died at the age of fifty-three of cancer of the throat. The father had stomach trouble all his life. The father avoided social contacts and led a very quiet life.

The mother was interviewed and found to be a well educated, cultured, woman, very anxious to cooperate in any way to aid her son. She is now fifty-three years of age and in good health, but says she has a tendency to be nervous.

The older sister was also interviewed and found to be very pleasant to talk to, who was cooperative and intelligent. Both sisters have a college education.

The patient has one cousin in an institution for the feeble minded. His feeble-mindedness is believed by the family to be caused by illness. On the mother's side, one aunt of the patient was insane and one cousin committed suicide.

In speaking of her son, the mother said that she could not understand his present mental trouble as he had always been a "model mother's boy." She says that she has always made his decisions for him although he has not always had the "will power" to carry them out.

3. PERSONAL HISTORY: John was born and lived for twenty-five years in a Kansas town of a population size of 25,000. He was the youngest child in a family of three, having two sisters five and seven years older than he. His birth was normal but his mother could not nurse him and there was difficulty in finding a suitable food for him. John was a very white child and friends told the mother that she would never raise him. The mother says that fear because of his frail appearance made her very anxious about his health which led to John be made the center of attention in the family and to be spoiled. The father and sisters were also very concerned about John's health and did everything possible to spoil him. The mother says that she realized that her son was being spoiled but she thought that their treatment of him could not be changed because of his health.

As a child, John is described as having been restless, sensitive and obstinate. He was very quiet and did not mix well with other children. His mother says that when he did play with other children that he was always the leader and never just one of the group. His restlessness may

shown in that he was always tearing up something or trying to build something of which he would tire before he finished it; it was said that he never completed anything that he started.

In school John is described as not outstanding but making his grades. He finished high school at the age of eighteen. His family had always planned that he should go to college. He attended two colleges but quit both institutions because of unsatisfactory work. He later attended business college for several months after which he took a position as bookkeeper in a local gas office making \$135 a month. He worked here for a year and a half then went to another town to do the same work. He was dissatisfied with this work after several months and decided he wanted to go to a chiropractor's school. His mother sent him to this school, the course of which John completed in eighteen months. He then went to Denver to practice with a cousin but this arrangement was not satisfactory as he did not get along well with his cousin so he stayed only six months. He then went to a large city near his home where he practiced for eight months prior to his "breakdown."

At the age of sixteen the patient had a serious motorcycle accident. The skull was fractured and it was necessary to remove a piece of bone about the size of a half dollar. His recovery from this accident was good

according to the attending physician and the patient's mother. John has never complained of any pain in that region.

On the whole John's love affairs have not been very successful. He seemed quite interested in girls and always had a number of girl friends. His first love affair of a serious nature began when he was in high school. A very attractive young lady came to visit in his town and they became very good friends. After the young lady's return home, John went to visit her quite frequently and soon they became engaged. He complained to his mother because the young lady was so far away saying "that it seemed as though he never did have a girl in his own town." However John was popular with the town girls. Without any warning the young lady married someone in her own town and did not return the diamond engagement ring which John had given her. This action hurt John and his family very much. John said little about the disappointment but became very quiet and seemed to brood over it.

Several years later he became engaged to another young lady who lived in another town near John's home. Again the young lady married someone else, a crippled man living in her home town. Some time after her marriage she came in the gas office where John was working and brought with her a younger sister whom she introduced. For several years John saw this younger sister at frequent intervals

and they became engaged.

The first abnormal symptom noticed was uneasiness at night, when the patient got up and worked around sometimes for hours. He had vague ideas of worry and persecution. He became negative, resistive, and worried constantly. He lacked confidence in his ability to do his work, thought that his family had turned against him and that everyone was against him.

John has always had difficulty in handling money and has never been able to save anything. His mother has given him a great deal of money and she says that each time John asked her for money he said that it would be the last time as he wanted to make his own. He always wanted and grieved because he couldn't have things beyond his means. He was very anxious to have enough money to warrant his getting married. When John opened his own chiropractor's office his mother furnished the office for him. She made the window drapes out of simple suitable material and on returning for a visit several weeks later she found that these drapes were replaced by beautiful velvet drapes, too handsome to be suitable for an office and that the drapes were unpaid for. John explained that a salesman had talked him into buying the drapes.

About two months before the patient's admission to the hospital his fiancée broke her engagement to him saying that she wanted to finish her college education and pay off her

college debts. At the time of the breaking of the engagement, the young lady antagonized John by telling him what she would expect of a husband. It seems that she expects luxuries that John will not be able to provide for sometime. After the breaking of the engagement John and the young lady remained good friends and saw each other as before and since coming to the hospital she has written him quite regularly. He seems to be very proud of her letters and on one occasion when he was mute he would carry her letter and show it to the doctors when they came to talk to him.

The young lady in question seems to be a typical "flapper" type. When inquiry was made of persons who had always known her, they described her as very "scatter-brained," said that she had a great many young men admirers but that they did not think that she was engaged to anyone nor did they think that she had anyone of whom she was especially fond.

A few days before coming to the hospital he called up his mother on the phone and told her that "everything would be over in two days and it was all in her name." She was afraid that he was going to commit suicide and so she hurried to him. He begged her to stay with him saying that if she would take care of his money for him he would get along better. He thought that everyone was against him and kept saying that his girl was trying to "frame" him.

Since coming to the hospital the patient has been in a catatonic stupor. He talks very little and is mute most of the time. He makes signs and assumes positions. If his arms or hands are placed in a certain position he will hold the position for hours. The expression of his face is blank, he rarely laughs or smiles, he appears to notice nothing. On one occasion when his mother came to visit him he told her that he was worried because he couldn't marry his girl and he is true to his mother. He said "If I marry her I lose you and if I stick to you I lose her so what am I going to do?" Sometimes when his mother goes to see him he will not talk or recognize her in any way. Usually he will not open his mail. Once when his mother and sister came he held his lips very tightly closed in the same position during their stay and would not speak.

4. PHYSICAL EXAMINATION: (Copied from hospital records.)

The patient is a white male about twenty-eight years of age. He is well developed and well nourished. He wears a blank expression and never smiles or laughs. There are no stigmata of degeneration and no wounds or deformities. No evidence of somatic diseases. Head is well formed and covered with abundant hair. Teeth have several crowns but are clean and in good condition. Throat is negative. Tongue shows a fine tremor. No cervical adenopathy. Thyroid

is not palpable. Abdomen is negative although patient resists palpation especially of liver. Chest is essentially negative. Pulse 85.

The genitals are normal.

Nervous system: Sensory phenomena for the most part are normal as patient reacts to pain, touch, sound, light etc., but apparently has no sense of position or very light touch. Patient made no attempt to brush flies from his face and when tickled on the face and in the ears with a horse hair he did not respond. Muscular movements are co-ordinated but very slow. They remind one of the slow motion pictures. Speech is slow, difficult and shows blocking. Gait is slow and patient holds himself rigid. Romberg is negative. No paralysis, tremors or involuntary movements. No sweating, flushing, edema or cyanosis. Face is quite pale.

Reflexes: Pupils react to light and accommodation. Superficial and deep reflexes are normal. No trophic phenomena. Blood Wassermann test is negative.

5. MENTAL EXAMINATION: (Copied from hospital records.)

Disturbance of process of perception: The patient denies having had any hallucinations or illusions but examiner doubts if he understands the question. Apprehension is much impaired. When told the cowboy story the patient made no reply. Asked if he could repeat it he shook his

head. The story was retold several times with the same result as above. His attention is hard to gain and easily distracted. While examining the patient he wanted to lie down and it was with some difficulty that he was made to sit up.

Disturbance of mental elaboration: The patient's memory is poor. He would repeat words and numbers after examiner but could not give any of them a few minutes later. He is oriented as to time, and place but has a very vague idea about people.

Disturbance of train of thought: No flight of ideas but some retardation of thought.

Disturbance of reason and judgment: Patient denies having any delusions. He has very little insight into his condition. He knows he is sick but that is as far as he can go.

Disturbance of emotions: Patient has shown no periods of exaltation. Depression has been noted to some degree. His outstanding symptoms at first were fears that people were plotting against him but he had no fear of their harming him. He was quite nervous and somewhat irritable. He was very restless.

Disturbance of volition and action: Psychomotor retardation is shown by the slow and deliberate movements. Definite blocking is evidenced in his speech. Cerebral flexibility was beautifully demonstrated by placing the patient's arm in one position where it would remain

until moved. The patient was told to lower his arms and then the examiner lowered his in the same way. After this the examiner went thru several movements with the patient doing likewise.

Diminished susceptibility of the will is shown by mutism which is in evidence most of the time. Some negativism was demonstrated while doing the Romberg. When the patient was told to face the examiner he would turn the other way. No morbid impulses could be demonstrated. Since coming to the hospital he has begun to hold postures. He talks very little, sits around all day as if in a stupor and shows a definite catatonic state.

6. DISCUSSION OF CASE: In this case we see the whole family situation colored by the fact that John looked as though he had poor health, although this was not established. His family fought his battles, stood behind him in every way and he seemed to develop into an individual who could not face reality. His failures in love and school he allowed to crush him and he escaped from reality by calalepsy.

The events in John's life show how his place as the center of attention in the family made him dependent on the family and unable to make his own adjustments. He was the center of attention until he was thrown on his own resources at which time he realized that it was difficult to maintain his status; making a satisfactory status for

himself stands out in the social relationships. Because of difficulties he had in establishing a status he developed mental conflicts and feelings of inferiority and finally escaped from reality when his adjustments became too difficult to make. He shows no other fixation in his abnormal talk.

X. THEIMA WHITE, DEMENTIA PRAECOX, CATATONIC TYPE

A. FACTORS IMPORTANT IN THIS CASE.

SITUATIONS A AND EVENTS	SOCIAL RELATIONSHIP	PROBABLE MENTAL REACTIONS
1. Marital conflict between parents, Poverty	Unsettled and insecure home life	Worry and bewilderment
2. Divorce of parents	Loss of status but end of marital conflict	Humiliation
3. Left school and went to work		Inferiority
4. Boy friend's family objected to her position	Insecurity and inferior status	Disappointment Resentment
5. Hard work		Nervous strain Worry, sense of being "indifferent"
6. Loss of boy friend	Loss of response	Imagined herself pregnant, believed hospitalization a device of boy to keep from marrying her

B. CASE HISTORY.

1. PERSONAL APPEARANCE: The patient is a very attractive

girl about twenty years old, dark brown hair, brown eyes, weight 105 pounds, height five feet five inches. She has a pleasing personality and a pleasant manner. When disturbed she will stand suddenly while conversing to someone, and say or sing something which seems to be irrevelant.

2. FAMILY HISTORY: Thelma's father, a merchant by occupation, is fifty-six years of age and in good health. He is obstinate, headstrong and was always domineering in his dealings with his family. His family feared his temper so he ruled them by fear rather than by reason. He was a user of alcohol, becomming intoxicated frequently.

The mother's age is fifty-four, she is very sensitive, easily excited and very religious. The father and mother quarreled frequently, especially over religion.

There are ten children. Thelma is the seventh child. There are two sisters, seven brothers, two brothers being younger than Thelma. As far as is known, there is no mental abnormality in the families of either parents.

3. PERSONAL HISTORY: In October 1927 Thelma was sent to the State Hospital with her first attack of mental trouble and was diagnosed as dementia praecox, catatonic type.

She was eighteen years of age at the time and had always lived in a small Kansas town. She is the seventh child in a family of ten children, all of whom are living. In the family there are seven brothers and two sisters.

She was quite ill at the time of entering the hospital and shortly after she had an attack of pneumonia. During the illness she was very depressed and made several attempts at suicide. Upon physical recovery she had a mild manic attack. The doctor believes that these symptoms were due to physical health and that this was not a true manic attack. In about a year's time the patient's condition was such that she was paroled to her mother. She made a good adjustment at home and seemed to be doing well when one day she complained of not feeling well. She said she wanted to come back to the hospital to Dr. D. and on her arrival at the hospital she had a second attack of cataplexy from which she has not yet recovered.

The patient's birth was normal with the exception of pneumonia at the age of two weeks, she had no unusual childhood illness. She had measles at eight and mumps at seven. She began to learn to walk and talk when about one year old.

When Thelma was in the seventh grade her mother and father were separated and divorced. The father's earnings did not come to the family and Thelma had to work after school to supplement the family income. She says that it was very difficult for her to keep up with her school work and to work too. After one year of high school Thelma stopped school because of these financial circumstances. She worked for her brother in a store and later as a telephone operator.

The patient was working as a telephone operator in a small Kansas town near her home. She had been going with a friend for a short time and was very interested in him. Jack's sister and perhaps his family too, objected to Jack's attention to a telephone operator. Thelma liked her work but was very much humiliated because of Jack's family's disapproval. They quarreled, Jack saw Thelma but seldom and she felt very depressed. Although she was liked by several boys and had many invitations, Thelma was more concerned about Jack than about the other young men. She became nervous and complained about her work. She imagined that people were talking about her.

The story as the patient gives it on her admission to the hospital is given below:

"The present mental trouble, as the patient state it, began about seven or eight months ago. She was operating a telephone switchboard. She had to work long hours and this made her gradually get more nervous than she had been previously. Several people mentioned this to her, saying that she was becoming nervous. Later she developed a sore throat. She noticed that she couldn't talk as well as she used to and thought that the people believed that they were not getting as good service as they had before. This bothered her so she decided to quit her job so that the people would stop talking about the poor service they were getting. All this time her throat was getting worse. She went to

a druggist who said her tonsils were bad and should come out. She thought that this would be expensive and didn't want to have it done. At this time she had an impulse; she thought she was supposed to choke herself. It was an impulse that she could not fight off and not a voice. She tried this on her eighteenth birthday. She was almost dead and saw the angels but a voice told her to come back to earth and be a sunbeam, so she quit choking herself. They took her some place because of her sore throat. The people there said her tonsils were enlarged and they took her to the upper story. Every one there was dressed mysteriously. They had something over their faces and also wore aprons. They looked as though they were going to murder someone. She smelled the ether and seemed to become dazed. She saw all her old pals. They removed something but she said it was not her tonsils. A few days later people became suspicious of her. They thought that she was in trouble with the boy, Jack. Her brother did not approve of her going with this boy but he insisted that they get married. She says that she was in trouble with another girl and she doesn't see why he didn't marry her. She didn't want to marry him but he dressed up like a girl, a nurse, and kidnapped her. This boy and her brother brought her to this place so he wouldn't have to marry her. She says her brother, William is responsible for bringing her here. The patient says that he said that he was going

a hospital and that this is not a hospital. She says her brother will regret it for life. When they first brought her there they said she had pneumonia but she says that she didn't. They kept her in bed for weeks and took her temperature every day. She is not sick. She says they didn't put plasters on her as they do in pneumonia but put adhesive on her left side like they do in appendicitis. She said that she could sell this building and get all the money and go on a honeymoon. She could go to a beauty parlor and get fixed up "swell." "But that would be a pig to steal the money. Pig got loose and killed a goose."

She said, "Do you know Amy McPherson? I am just like her. I was kidnapped and brought here for no reason at all. Broadcasting from Chicago." She said that a friend told her she could sell this building.

She has the idea that there are people in this building that are hiding here to keep from marrying the girls with whom they are in trouble. She believes that her brothers are here too. She thinks that the nurses and women patients are her former boy friends dressed up as girls. She puts her handkerchief over her mouth so she won't tell too much about them. She wants the examiner to help her take this matter to court and get it cleared up. One of her former sweethearts is dressed as a woman and is commander of

the bath room. He tells her what to do. One of these boys beat up on her brother who is also hiding here. She thinks he should pick on someone his size.

She says that she is afraid of the people in this building because they want to choke her to death, that they are jealous because she's great. She says she cannot help that. Sometimes when they start to do things to her she looks straight at them and they turn red and are ashamed of themselves. At times there are spectators in the halls that sometimes have sympathy for her while at other times they mock her and talk about her. She has asked to be nailed to the cross because if people are going to choke her she would rather die like Jesus.

With no apparent reason she stood up and sang America. She said that she was supposed to sing it. "Do you know what freedom is? Let us out of this building."

At various times throughout the examination she would stand up and sing a song or repeat a verse. She would give no reason for doing it. Once she said, "Last night I was asleep with my eyes open and saw the curtain move. It was blue, true blue just like my wedding gown but I never got to wear it. I felt like I was floating. Maybe I should name the rest of my family. I felt as though I should fly around the world. The train beckoned to me as though I would ride the train."

At this time a voice spoke to her and said that a dear friend had just passed away. Then she said she could smell the perfume of the flowers.

The nurses on the ward gave this report shortly after her admission: "Patient did not talk. Would only give one address when asked about sending her Christmas cards. Patient continued quiet, apathetic and mute and would not do anything and could not be interested in anything on the ward for several months. The first thing noticed different was one afternoon when sitting on the ward holding her hands up she began to clap them, but did not say anything. Later she began to dance and sing. She wanted to help in the dining room and was given some light work there. She now talks all the time but there is no sense to what she says. She calls people by names that she makes up and thinks people on the ward are people that she has known elsewhere under different names. She says that she is a prize fighter and that she is going to join the army and other equally absurd things. This excitement has come on gradually."

4. PHYSICAL EXAMINATION: (Copied from hospital records.)

The patient is a young girl about twenty years of age. She is rather poorly developed. Her boney structure is good. She is about five feet four inches tall but is very thin and appears undernourished. Her legs and arms are small. There are no stigmata of degeneration.

There is a small scar about the size of a dime at the seventh cervical vertebra. Her left knee is bruised. Her arms and legs are covered with hair. There is no evidence of somatic disease.

The head is normal in shape. At times she seems to stare and have her eyes fixed on some object on the wall. At other times she cries or laughs. Eyes are brown. There is no nystagmus, exophthalmos, lid lag or widening of the palpebral fissure. Convergence is good. The pupils are dilated and react rather sluggishly to light and accommodation. They are regular and equal. The ears are externally negative. No discharge. Hearing is good. Nose is normal. No discharge or obstruction. The mucous membranes of the mouth are moist and of good color. No pallor. There are several fillings in her teeth. The others appear to be in good condition. Gums are normal. The tongue does not deviate but there is a tremor present when protruded. The pharynx is moist, only a slight injection. There is a stub of the right tonsil remaining. The left tonsil is out. There is a little mucous in the pharynx.

The neck shows nothing abnormal. The thyroid is not palpable. There is no cervical adenopathy.

The chest is long and narrow. An erythematous rash is present anteriorly. Expansion is fairly good, equal on both sides. There is some limitation of the

disphrage posteriorly. It seems to move well anteriorly. Percussion note is normal. No rales elicited. Tactile fremitus is decreased. Vocal fremitus is normal. Heart is not enlarged. Cardiac dullness 8 cm. left. No enlargement to the right. Blood pressure 110/75 lying down and 114/80 sitting. Pulse eighty, temperature 98.6. Pulse is good, compressible and is regular.

Abdomen shows nothing unusual. Kidneys, liver and spleen not palpable. There are no palpable masses. No tenderness or rigidity elicited.

Genitals appear normal. Introitus is small. Patient was so resistant that a satisfactory vaginal examination could not be made.

Extremities are very slender. There is atrophy of both biceps and triceps as well as the other muscles of the arms. The leg muscles also seem to be atrophied. There is a considerable amount of dark hair on the extremities. There is a bruise on the left knee.

Nervous system: Sensory phenomena: Smelling is normal. She can distinguish gasoline and ether. Vision is good. Hearing is normal, she can hear a watch two feet away. Taste is normal. She can distinguish between sweet, sour and salt. Touch and pain is normal. She can feel pin over entire body. Temperature 98.6. Position and stereognosis are normal.

Motor phenomena: Muscular movements are normal. No twitchings or involuntary movements. No speech defects. Gait is normal. She has trouble in walking a straight line. Romberg is negative. Coordination is fairly good. She does the finger to finger and finger to nose tests with difficulty. There is no evidence of paralysis. A tremor of the outstretched hand and of the tongue. No involuntary movements.

Vasomotor phenomena: No cyanosis, edema, pallor, blotching or flushing of the skin. Some sweating in the axillary regions. Dermographia is present.

Reflexes: Pupillary reflexes sluggish. The corneal and pharyngeal are present. Abdominal reflexes hyperactive. Plantar normal. The jaw, biceps and triceps are present. Knee jerks are exaggerated. Prepatellar reflexes are present. Babinski, Oppenheim, Gordon and Kernig are negative. There is no ankle clonus.

Thropic phenomena: The muscles of the arms and legs appear to be atrophied or underdeveloped.

5. MENTAL EXAMINATION: (Copied from hospital records.)

Disturbance of the process of perception: The patient has hallucinations. She admits hearing voices. Sometimes she thinks and a voice answers her thoughts.

Many times she hears voices from the hall. Sometimes the voices brag about her while other times they seem to scold her and say things about her that are not true. Voices from those people hiding here tell her to keep

still and not to tell people about them. She does not seem to have many illusions, however, as she looked at the curtain one night it seemed to be true blue and reminded her of her wedding dress when she didn't get to wear it. She also thought the trains beckoned to her and thought she was supposed to ride in the train.

There is some disturbance of apprehension. She could not pick out the defect in the motor cycle story. She said, "I don't see anything wrong but he must have been going fast. Wasn't that sad?" There is no clouding of consciousness at present. There is some disturbance of attention. She is not usually easily distracted by outside stimuli but she gets off the thought of conversation readily. At times it is difficult to attract her attention until she has said what is on her mind.

Disturbance of mental elaboration. Impressibility is fairly good. She returns the cowboy story well. She returned sixty-four, twelve, eight, chain box and necktie after about twenty minutes. Memory span is not good. She can return four numbers forward and backward. There are no fabrications of memory.

She is well oriented as to time, place, and persons but at times she thinks the people about her are men dressed as ladies. There is no retardation of thought. She goes from one idea to another with no apparent connection or reason for doing it.

The patient has some delusions. She thinks her lover brought her here so that he wouldn't have to marry her. She has ideas of people going to choke her. She thought people talked about her, thinking that she was in trouble with some boy. She also said that people didn't like the telephone service because her voice would not carry. She thinks the women on the ward are her former sweethearts dressed as women. She does not seem to have much insight into her condition.

Disturbances of emotions: There seems to be no exaltation or phobias. She becomes depressed at times but this lasts only a few minutes at a time. She is irritable at times. She becomes sad and cries at something that is said but soon becomes cheerful again.

Disturbances of volition and action: There is no diminuation of volitional impulses, psychomotor retardation, paralysis or blocking of the will.

There is some increased motor excitement at times. That is she gets up and walks over to the window and sings a song. She is stunty. No pressure of activity or busyness noticed. There is no heightened susceptibility of the will. No catalepsy, cerea flexibilitas, echolalia, or echopraxia. There is some diminished susceptibility of the will. She shows some negativism now. She resists at times during the examination. This is not as marked as it has been. She also showed signs of mutism

previously but none now.

Morbid impulses show some alteration. There is a tendency toward compulsive acts but she doesn't know why she does them. She gets up and runs over to the window. This is not a true compulsive act as for instance having to wash the hands for a half hour, etc. There are no contrary sexual instincts manifested.

On the Terman scale Thelma rates as an average adult.

6. DISCUSSION OF CASE: Thelma's childhood does not seem to show any irregularities. The first important adjustment for her to make was for the loss of her father from the family group and the divorce of her parents. This also means a changed economic status which meant insecurity for Thelma. It was humiliating to her to have to stop school to work and her humiliation was increased when the young man in whom she was interested, Jack, was forced by his family to recognize her inferior job. Most of her abnormal tendencies are manifest in her humiliating experience with Jack because of her inferior position in his group.

In the concrete events Thelma's case shows a series of losses which made for insecurity and lowered status which developed feelings of inferiority and humiliation.

CONCLUSIONS

With so small a number of cases as ten, few tentative conclusions can be drawn from this study. Although each case is different, there is a definite trend of events toward maladjustment of the individual. These are the factors found that seem to be significant and perhaps they are precipitating factors:

SITUATIONS AND EVENTS	SOCIAL RELAT- IONSHIP	PROBABLE MENTAL REACTIONS
School Failure, 10	Lowered status, 11	Conflict, 10
Failure in making heterosexual ad- justments, 10	Loss of response 6	Inferiority feel- ing, 10
Isolation in child- hood, 5	Isolation, 8	Mother son father fixation, 6
Frequent change of jobs, 5	Attempt to gain attention, 6	

When we analyze the factors which seem to have been important, failure to make satisfactory or normal adjustments seems to characterize the group:

CONCRETE SITUATIONS AND EVENTS:

1. Failure in school applied in all ten cases. "Failure," as such, was interpreted to include those not making satisfactory grades as well as those who left school before completion of the course. In eight cases failures were due to unsatisfactory scholastic standing. Two of the patients had discontinued school because of finances.

In all ten cases there was a sense of failure! While school failure in itself could not be considered of much significance in causing a mental breakdown, it is probably a symptom of maladjustment in a situation that is important in the life of the young individual.

2. Failure in making heterosexual adjustments was evidenced in nine cases. In fact, the only exception was that of Robert who was fourteen years old when he first entered the hospital. Since he was so young, it obviously is impossible to determine what adjustments he might subsequently make to the opposite sex. Certainly these cases give further evidence for the belief that homosexual tendencies tend to be associated with dementia praecox--a fact which other research has disclosed.¹

Thelma's boy friend discontinued his attentions because his family objected to her social position. (She was a telephone operator.) Anna had an unhappy marriage. Ruth and Pauline were ignored by the boys and later Pauline gave birth to an illegitimate child whose father wouldn't marry her. Emma's fiancé disappeared. Charles and Edward maintained that they did not care for girls, although they were continually bragging about their affairs with them. This may very well have been a compensatory mechanism. John has had two broken engagements; Tom's

1. Psychiatric Quarterly, Oct. 1927

wife belongs to a social group of lower standards than those of Tom's family. This has been a source of trouble between the two families and has probably been partially responsible for many family quarrels.

3. In five cases there was frequent change of jobs which again points to maladjustment of the individual in respect to his social environment. In changing jobs the individual always has to make a readjustment to the situation. It is even more difficult for him if he has met failure under similar circumstances. Ruth, Charles, Tom, Edward and John changed jobs frequently.

4. In five cases the patients were isolated socially in childhood. Although none of these five were only children they never seemed to be able to play with other children. Introvertive tendencies due to lack of normal play activity seems to be the result. Indeed, loneliness in childhood is significant in such cases because it fosters day dreaming and the development of introvertive tendencies.

SOCIAL RELATIONSHIPS:

1. Seven cases experienced a marked change in social position in each instance there was a lowering of the previous status. Thelma, Anna, Ruth, Tom, Charles, Edward and John had mental conflicts which resulted from lowered or unstable status which apparently fostered a sense of inferiority.

2. In six of the cases there seemed to be no response or sympathetic understanding from the objects of their affection. On the whole it seems to be true that in a normal life there is response, when it is lacking maladjustment may follow. Thelma did not receive the desired response from Jack. Emma's anguish over the loss of her fiancé's disappearance was leaving her when her parents died which robbed her of nearly all the objects of response that she had had. John suffered this loss in broken engagements. Harold's mother died and he was unable to make satisfactory adjustment to his step mother. The divorce of Ruth's parents took her father away. Pauline's father was very indifferent and she tried rather desperately to obtain some response from him.

3. In four cases there was an attempt to gain attention. Individuals who fail to gain attention in normal endeavor, may strive to secure it by other means. Robert's hysterical "poor health," as well as his sunstroke gained some attention for him. Pauline held the stage with her violent temper. Emma thought that the newspaper advertisements referred to her. Charles bragged of his strength and made gifts for neighbors. These actions were attempts to gain attention.

PROBABLE MENTAL REACTIONS:

1. All ten cases evidenced striking mental conflicts as might be expected in view of the difficult problems

each of them had to face. Mental conflict is typical not only of these cases but probably a case history of anyone would show mental conflict although in these cases they represented difficulties that could not be solved by the patient.

2. Likewise all ten manifest a deep sense of inferiority. Here again the inferior feeling is the result of the inability of the individual to make a satisfactory solution to his difficulty.

3. In six cases there seemed to be a definite mother or father fixation. John, Edward, and Charles could not break away from their mothers successfully. Emma and Pauline were attached to their fathers while Ruth was very distressed because she lost her father by divorce.

This bears out observations made by a number of psychiatrists that Electra and Oedipus complexes are frequently found in cases of dementia praecox.

All these cases seem to show that the factors have a definite trend in the development of maladjustment of the individual to his social environment. There is also a complexity of factors showing that the causation is multiple. There is shown in each case a reaction between the individual and his environment which produces certain behavior patterns which may be called abnormal. A line between normal and abnormal would be difficult to draw for the trend of events shows a general evolution of the

abnormal situation.

Some questions remain which this study cannot undertake to answer; however, we may raise them: Do the histories show that in these cases of dementia praecox there are more adjustments to make than an average "normal" individual would have to effect? If a control group could be found which involves these same adjustments, would the individual be able to make them in a "normal" fashion or would some of them escape from reality as "abnormal" people do? To what extent do school failures, unsatisfactory heterosexual adjustments, frequent change of jobs, and father or mother fixations precipitate dementia praecox? Or are these factors symptoms of a behavior pattern which is inclined to result in the development of dementia praecox? May this analysis of the situation not indicate the theory of circular response¹, that is as the mental conflict is conditioned on the one hand by the social situation, the behavior of individuals, again, may be conducive to a change in the social situation and add further to his own conflict and mental deterioration?

This brief analysis thus indicates the multiplicity of factors which seem to have entered into each case of dementia praecox studied. Briefly, a certain definite pattern seems to apply. The individual is unable to hold his place with members of his group. As evidence in

1. L.L. Thurstone, The Nature of Intelligence for an extended discussion of this theory.

school, in relation to the opposite sex, in his continual changing of jobs. Socially he has lacked the sympathetic understanding necessary for successful functioning. Isolated, he has attempted to gain attention, although his very manner of gaining attention is marked as abnormal by his relatives and neighbors. Coexistent with these experiences are the mental conflicts, the sense of inferiority and fixations which in turn augment the factors producing the maladjustment.

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GENERAL READING: The bibliography for this study includes three general classes of material. First, the study required some knowledge of psychiatry and of psychiatric terms. Second, it was essential to study material dealing with the genesis of abnormalities as seen in child psychology, and third, material dealing with the various phases of dementia praecox. This is a partial list showing representative material with special emphasis on the material relating particularly to dementia praecox.

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